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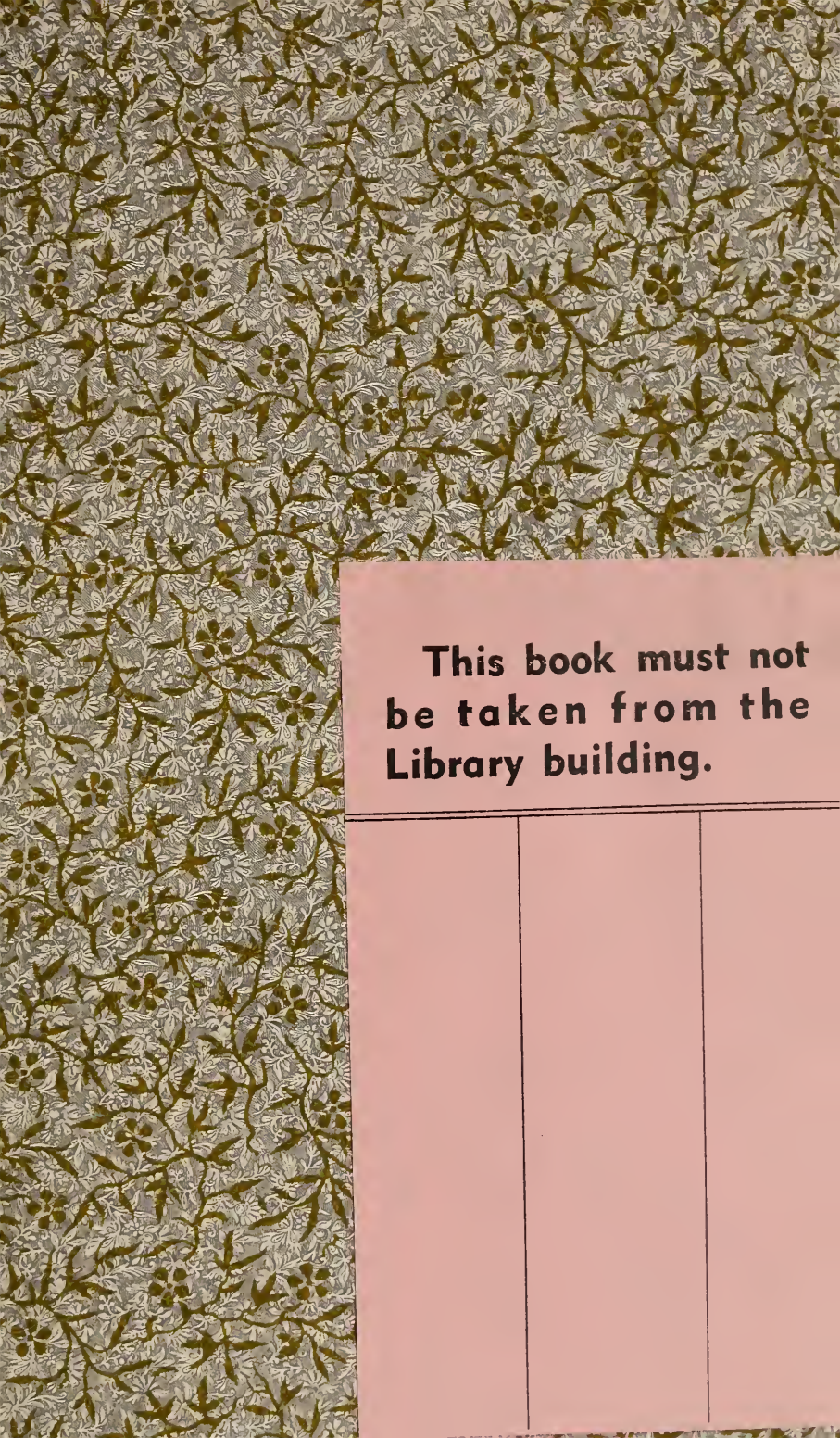
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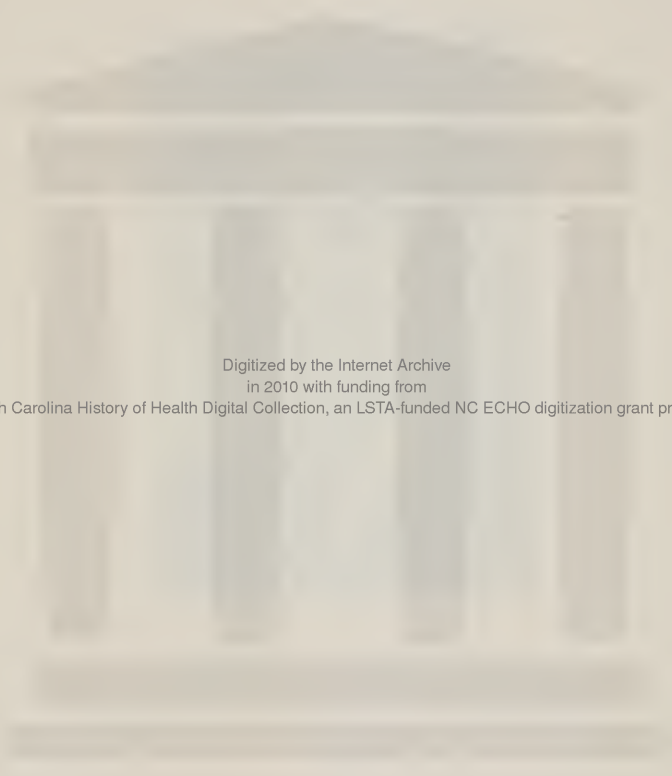
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THE BULLETIN

of

The North Carolina Dental Society

COMPONENT OF THE AMERICAN DENTAL ASSOCIATION

CONTAINING THE

PROCEEDINGS

OF THE

NINETY FOURTH ANNIVERSARY MEETING

AT THE

CAROLINA HOTEL

PINEHURST, N. C.

MAY 18, 19, 20, 21, 1950

VOL. 34

AUGUST, 1950

No. 1

Entered as second-class matter as a quarterly, September, 1944, at the post office, Charlotte, N. C., under act of August 24, 1912. Office of Publication, 415 Professional Building, Charlotte, N. C.

Subscription.....\$1.00

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HOUSE OF DELEGATES

Wednesday Evening Session

The first meeting of the House of Delegates of the North Carolina Dental Society was called to order Wednesday evening, May 17, 1950, at 8:45 o'clock, at the Carolina Hotel, Pinehurst, North Carolina, Dr. Walter McFall, President of the Society, presiding.

PRESIDENT McFALL: Ladies and gentlemen, I am delighted to welcome you to rather an innovation we are having in the North Carolina Dental Society in that we are having our first meeting of the House of Delegates before the actual meeting opens. We hope to accomplish as much business tonight as we can so that we won't have such a long session tomorrow.

I appreciate so much every one of you coming, and so we will now officially go into the business of the moment.

We will ask the Secretary to call the roll of the House of Delegates.

SECRETARY R. FRED HUNT: Mr. President, you have a quorum.

PRESIDENT McFALL: Thank you, Mr. Secretary.

We are going to expedite the business just as speedily as we can. If you will stand up give your name and talk clearly the reporter can understand what you are saying, and we will have everything properly recorded.

Mr. Secretary, have you any agenda you want to start with?

SECRETARY HUNT: We received a request from the North Carolina Health Council asking that we join this organization. The fee is \$10 per year and they want us to send one delegate to their meeting and an alternate.

If there is any person present who knows about the workings of this organization, I would like to have him get up and explain it to us at this time so we might decide whether we desire to join or not.

PRESIDENT McFALL: The Vice-President represented the North Carolina Dental Society at a two-day session in Raleigh.

VICE-PRESIDENT J. WALTER BRANHAM: This organization is in the formative stage. Dr. Branch and I decided that we would let them do the talking for the time being.

I wouldn't like to go into detail because it is quite complicated at the present time. There are too many organizations trying to get in on one little bandwagon.

PRESIDENT McFALL: I have had three letters. It is a co-ordinated agency. All of those groups, both social and public health, are working together on a state level to co-ordinate a unified effort to help North Carolina go forward.

Annual membership fee of \$10 a year is really a mailing charge, and a very minimum charge.

The Secretary advised me by correspondence that last year we were invited, but since the thing had not been perfected in its organization, he thought we should wait.

I will entertain a motion by somebody that we go into it at \$10 a year.

DR. BURKE W. FOX: Mr. President, may I ask a question?

PRESIDENT McFALL: Yes, sir.

DR. FOX: Is this another organization to promote Federal medicine and dentistry? If so, do we want to have a part in it? I am ignorant and am asking for information.

PRESIDENT McFALL: Dr. Fox, Mr. Richardson, who is the Executive Secretary at Chapel Hill, is the man who is hand-picked by the North Carolina Medical Society to run the hospital insurance group that the physicians themselves are advocating in North Carolina.

He is a pretty selected and elected individual, and all I know about him is what I have been told by the President of the North Carolina Medical Society. He gives him an awful good reputation.

I think the organization is going to do a lot of good, but it is young. It is going to take time and needs some money to do it.

I am sorry that I don't have any more information. Dr. Branch and Dr. Branham may have. I hope we may find out a little bit more of this organization.

Is there anything anyone else would like to know?

If there is no motion, we will pass on to the next order of business.

We will call for the reports of the different committees, beginning with the Executive Committee.

DR. A. C. CURRENT: No report at the present time, Mr. Chairman.

PRESIDENT McFALL: The Ethics Committee? (There was no response.)

Are there any committees who would like to report?

DR. C. C. POINDEXTER: The Prosthetic Dental Service Committee is ready.

THE REPORT OF THE PROSTHETIC DENTAL SERVICE COMMITTEE

Last year, 1949, twenty eight dental laboratories were accredited by the North Carolina Dental Society and the American Dental Association. This represents an increase of six over 1948 and is nearly one hundred per cent of those eligible by virtue of equipment, competent personnel and

membership in North Carolina Dental Laboratory Association. The number of employees in these laboratories vary from two to twenty, therefore, well represents the industry in this State.

All of these establishments that were certified in 1948, with the exception of two, followed through the past year. This together with the increase in numbers applying for accreditation would indicate considerable interest in the program. During the year the Laboratory Association held its annual Educational Program Meeting. Several technicians of note appeared on the program and the fellows seemed to be in accord that the meeting gave them much worth while information. No report of illegal practice has come to the attention of the Committee.

Respectfully submitted—C. C. Poindexter, Chairman.

DR. POINDEXTER: I move the adoption of the report.

PRESIDENT McFALL: You have heard the motion, gentlemen. What is your pleasure?

MEMBER: I second the motion.

PRESIDENT McFALL: It has been moved and seconded—

Do you want to say something, Dr. Poindexter?

DR. POINDEXTER: I would. I just happened to think about this matter of the sales tax that may go on the dental supplies or laboratory supplies next year unless there is something could be carried through the State Legislature. Commissioner Shaw has said that unless something comparable to the physicians is brought up, we have no alternative other than to put a tax on dental laboratory invoices and supplies for next year.

PRESIDENT McFALL: Thank you, Dr. Poindexter. I hope everybody in the House heard that, because it is a very, very important matter we are going to have to handle at this meeting.

Back to the motion that has been moved and seconded that the report of the Prosthetic Dental Service Committee be accepted. Are you ready for the question?

Is there any further discussion?

(The motion was put to a vote and carried.)

DR. POINDEXTER: In Greensboro last summer, the Executive Committee decided to go along with the agreements, and so forth until next meeting. The Committee would like to know if we should continue that for another year. Is that the same setup?

PRESIDENT McFALL: We had four ad interim meetings since our last anual meeting. At one in Greensboro in July last year, we met with the North Carolina Dental Laboratory Association. We had some straight talking on both sides, both with the laboratory group and with the dental group, and the Dental Laboratory Association went on record and have proven that they are sincere about what they promised to do.

They have taken more exhibits than ever before. They have replaced the exhibits of laboratories from other States, where the accreditation plan is not active. They have supported the Bulletin. They have done everything that we have asked of them, plus.

At this meeting the Executive Committee, Dr. A. C. Current, Chairman, authorized that the accreditation plan be continued this year. Then at this Annual Meeting if the House of Delegates thought well of it, that it be continued for another year, regardless of what was being done on a national level.

That is for the information of the House. Is that correct, Dr. Poin-dexter?

DR. POINDEXTER: I think so.

PRESIDENT McFALL: What is your pleasure, gentlemen? What do you think about this?

DR Z. L. EDWARDS: I would like to know if the present plan contemplates excluding reputable laboratories outside of the State whose States have no accrediting body?

PRESIDENT McFALL: You have heard Dr. Edwards, Dr. Poin-dexter.

DR POINDEXTER: I think, Dr. Edwards, unless they have an accrediting body, they would be excluded according to our present setup here.

DR. EDWARDS: Mr. President, I don't think that plan is fair, with no intended criticism of any one of those who are responsible for such a plan, because during the past 25 years and more, since I have been attending the meetings of the North Carolina Dental Society, for the first time some faces are absent. Some men and some reputable firms who have been very, very loyal to this organization in their attendance and in their exhibit space, in securing exhibit space from this organization, are not present.

I think that any policy that we adopt that affects laboratories of these commercial houses as a whole should be sufficiently flexible to permit reputable laboratory owners who have been loyal to this organization from year to year, now to come in and continue to secure exhibit space and to run their advertising in the official organ of this organization. Any other policy I think would be unfair.

In saying this, I don't have any pet laboratory man or commercial house, but I speak because I think it is a policy of fairness, and any policy which we adopt that is not fair to these outside men is not a fair policy. I think that we should change our policy to make it sufficiently flexible so as not to penalize these reputable business houses or laboratories outside of the State just because they do not have an acceptable accrediting agency in their State.

PRESIDENT McFALL: There is no motion on the floor that we are talking to at all. We are expressing opinions without a motion, gentlemen.

The question asked was whether the House of Delegates wished the accreditation plan as accepted on a national level and as has been utilized in North Carolina these several years—whether we should have it again.

Dr. Edwards' remarks were to that motion which has not been made by anyone as yet.

DR. POINDEXTER: This idea, as I understand it, was conceived by the American Dental Association a number of years ago and set up certain standards and requirements.

They are accredited by the American Dental Association, Dr. Edwards, and each State has the privilege of putting it in or not putting it in.

For instance, just a few weeks ago, Dr. Edwards, I had a letter from the so-called Chairman of the Prosthetic Dental Service Committee of Georgia, but they haven't put the plan in down there. The Georgia State Dental Society has made no financial contribution to the accreditation program.

Under our setup here, on page 116 of the meeting three years ago, we just can't do that, Dr. Edwards.

DR. BRANHAM: Having served as Chairman of different committees and on committees for the past three years up until this past year, I was of the same opinion as Dr. Edwards until we met in Greensboro. I might say we called the boys on the mat because we were not getting the general support from the dental laboratories that we felt we should. They promised, as Dr. McFall just said, that they would make up for any loss that we might sustain by prohibiting other laboratories from other states that didn't have accredited laboratories.

Having worked with Ed Baker, I can say that the North Carolina Dental Laboratories are not only going all the way but, in fact, we have one member of the Laboratories who is paying money into the treasury of the North Carolina Dental Society this year that is not even exhibiting. In other words, it is put on a check, and saying, "We won't go along with the accredited organizations."

So this year, if you will notice on the floor of the exhibits we have more laboratories than ever before in the history of the Society.

I am not saying that it is right or that it is wrong to outlaw anybody, but I can say, as to the accredited laboratories, that they have done more than ever before, this year.

Ed Baker, I must say, has done an excellent job. You will find on the floor tomorrow the largest number of exhibits ever in North Carolina, and you will find the largest revenue ever taken.

I don't want to take any sides, but I just want to tell you they have come in and pitched.

MEMBER: May I ask how many States have this Accrediting Board?

DR. POINDEXTER: I would say seventeen. New York State came in just the last few weeks. Texas is coming, and Wisconsin.

There has been an increase over last year.

DR. PAUL FITZGERALD: It happens to be my duty to work with this to a certain extent.

Our plan of the accrediting laboratories in the States of North Carolina I think has worked out well. Your Committee has worked within the limits or the bounds in which they are authorized. They have done a very good job.

Tonight, I will make a motion that we continue our plan another year as we have had it.

In addition to that, I will say that it looks like, and it probably is, rather hard on the outside laboratories that do not have an accrediting plan in their State. However, we have to work for our own protection in this State.

So, I make the motion that we do continue.

PRESIDENT McFALL: Thank you, Dr. Fitzgerald.

The motion has been made that we continue the present plan for another year.

DR. ED BAKER: I second the motion.

PRESIDENT McFALL: The motion has been seconded by Dr. Ed Baker. It is now open for discussion, gentlemen. Is there any discussion?

DR. BLAIR: What about accredited laboratories from other States?

PRESIDENT McFALL: Dr. Poindexter has answered the question a while ago. There are seventeen States out of the 51—that are represented in the House of Delegates of the A.D.A.

DR. BLAIR: Can they come into this State?

PRESIDENT McFALL: They can only come in if there is an accrediting body in their State that O.K.'s them. Otherwise, they can't come in because the North Carolina Laboratory group protested because some that were not O.K. in their State did come and they had no protection themselves.

In other words, you or I would resent an unethical person coming into our professional field. So do they.

DR. STEELMAN: That doesn't mean that I personally cannot send work to one of those laboratories?

PRESIDENT McFALL: You can send it anywhere you please.

DR. POINDEXTER: May I add just a word here?

I have had a ruling from the State Attorney General's office. He said our plan, as far as he knew, was perfectly legal.

PRESIDENT McFALL: Did everybody hear Dr. Poindexter?

He states that he has a ruling from the Attorney General's office that says the plan as operated in North Carolina is according to the laws of North Carolina.

DR. STEELMAN The only difference there is that they cannot have exhibits here, is that it?

PRESIDENT McFALL: They cannot advertise in our Bulletin. That is what the National Accreditation Plan is. They cannot show at our exhibit floor, nor can they be here soliciting business during one of our annual meetings, because we depend on those exhibits for money to run our annual meeting, and that is their protection.

DR. STEELMAN: I was asking that for information. I didn't get the true sense of it.

PRESIDENT McFALL: Are there further questions, gentlemen?

DR. STEELMAN. Question.

PRESIDENT McFALL: Are you ready for the question?

(The motion was put to a vote and carried.)

PRESIDENT McFALL: Is there any other committee report?

DR. VICTOR E. BELL: There have been seven deaths in the State since our last meeting. We have memorials prepared for those, which will be presented tomorrow morning at the general session.

PRESIDENT McFALL: Thank you, Dr. Bell. We appreciate your fine services on that. I think you fellows are going to very duly impressed tomorrow. Vic and his group have an unusually impressive service, and it will be scheduled in the program.

Are there other committee reports?

DR. COYTE MINGES: Mr. President, due to the nature of my committee, which is the Arrangement Committee, it is necessary to wait until the meeting is over for that report. I already have it written, but I hope it works out.

PRESIDENT McFALL: Thank you, Dr. Minges. We appreciate the fine help you have given us on that.

Are there other committee reports?

SECRETARY HUNT: Mr. President, I have two or three reports which I should like to present at this time.

The first will be the Financial Report of the North Carolina Dental Society.

FINANCIAL REPORT OF SECRETARY-TREASURER
OF THE NORTH CAROLINA DENTAL SOCIETY

2205 St. Mary's Street
Raleigh, North Carolina
July 5, 1950

To the Officers and Directors
North Carolina Dental Society
Rocky Mount, North Carolina

Gentlemen:

I have examined the books and records of the North Carolina Dental Society for the fiscal year ended May 31, 1950 and submit herewith my report, consisting of the following statements, together with my comments thereon:

EXHIBIT A BALANCE SHEET

EXHIBIT B STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS

Schedule 1 BANK RECONCILIATION

Schedule 2 1950 MEETING EXPENSE

The balance of cash on deposit was confirmed by correspondence with the depository. Receipts were traced into the bank account, and invoices and checks were inspected and found to be in order.

The bonds were not inspected, but were confirmed by a letter, dated June 21, 1950 and signed by the President of Peoples Bank and Trust Co., Rocky Mount, N. C., stating that such securities were presented to him for examination.

The membership records were not presented to me for my examination, consequently I am unable to state the amount owing the Society for members' dues in arrears. No liability can be stated for amounts due and unpaid by the Society at the close of the year, the books being kept on a strictly cash basis.

To the Officers and Directors
North Carolina Dental Society
Rocky Mount, North Carolina

I have examined the records of the North Carolina Dental Relief Fund for the fiscal year ended May 31, 1950. A statement of the cash transactions follows:

Receipts:

A.D.A.—Share Christmas Seal Receipts	\$ 576.00
Annual Contribution from N.C.D.S.	400.00
Sale of Scrap	103.68

Total Receipts	\$1,079.68
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Disbursements:

N. C. Intangible Tax	1.84
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Net Increase	\$1,077.84
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Bank Balance—June 1, 1949	1,695.96
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Bank Balance—May 31, 1950	\$2,773.80
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The assets of the fund at May 31, 1950 were as follows,
there being no liabilities of record:

Cash on Deposit	\$2,773.80
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U. S. Treasury Bonds—Maturity Value \$9,025.00—at cost ...	6,678.50
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Total	\$9,452.30
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Cash on deposit was confirmed directly with the depository. The bonds were not inspected, but were confirmed by a letter, dated June 21, 1950 and signed by the President of Peoples Bank and Trust Company, Rocky Mount, N. C., stating that such securities were presented to him for examination.

Respectfully submitted,

H. H. Rice, C.P.A.

North Carolina Dental Society
Rocky Mount, North Carolina

BALANCE SHEET

May 31, 1950

EXHIBIT A

Assets:

Cash on Deposit—Schedule 1	\$ 3,675.09
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U. S. Treasury Bonds—Series F	
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Maturity \$12,500.00—Cost	9,250.00
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Total Assets	\$12,925.09
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Net Worth	\$12,925.09
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North Carolina Dental Society
Rocky Mount, North Carolina

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS

Fiscal Year Ended May 31, 1950

EXHIBIT B

Bank Balance—June 1, 1949\$ 3,051.72

Receipts:

Membership Dues:

	Active	Life	Total
District 1.....	\$ 2,748.00	\$ 204.00	\$ 2,952.00
District 2.....	2,952.00	420.00	3,372.00
District 3.....	2,100.00	336.00	2,436.00
District 4.....	1,686.00	396.00	2,082.00
District 5.....	2,082.00	288.00	2,370.00
	\$11,568.00	1,644.00	\$13,212.00

Relief Contributions to American Dental Association:

District 1	\$ 169.00	
District 2	199.00	
District 3	146.00	
District 4	136.00	
District 5	142.00	792.00

Sale of Exhibit Space at State Meeting	4,075.00
Miscellaneous Refunds	286.75
Donation to Dental College Fund	100.00
Dental College Committee—balance in account	425.23
Sale of Directory	10.00

Total Receipts\$18,900.98

Total Balance and Receipts\$21,952.70

North Carolina Dental Society
Rocky Mount, North Carolina

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS

Fiscal Year Ended May 31, 1950

EXHIBIT B

Disbursements:

American Dental Association—

Proportionate Share of Membership Dues:

Active\$7,753.00

Life 1,536.00

Relief Contribution 792.00 \$10,081.00

Refund to Members 19.00

Contribution to Relief Fund 400.00

Donation to U. N. C. Student Loan Fund 750.00

Expenses:

Salary—Editor-Publisher 150.00

Salaries—District Secretaries .. 125.00

Printing Proceedings—

1949 Meeting 2,468.85

Publicity—1949 Meeting 8.30

Auditing 55.00

Postage 35.12

Telephone and Telegraph 67.78

Stationery, Printing and Supplies 166.49

Bond Premiums 107.50

N. C. Intangible Tax 4.19

Flowers and Gifts 33.30

Bank Service Charges 5.55

Travel Expense 150.04

Dues 10.00

1950 Meeting Expense—

Schedule 2 3,640.49 7,027.61

Total Disbursements \$18,277.61

Bank Balance—May 31, 1950 3,675.09

North Carolina Dental Society
Rocky Mount, North Carolina

BANK RECONCILIATION—GENERAL FUND

May 31, 1950

Schedule 1

Peoples Bank & Trust Company, Rocky Mount, N. C.

Balance per EXHIBIT A	\$3,675.09
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Add: Outstanding checks:

331	A. D. A. Relief Fund	\$ 9.00	
343	A. D. A. Remittance Report	60.00	
344	A. D. A. Relief Fund	5.00	
349	A. D. A. Remittance Report	84.00	
350	A. D. A. Relief Fund	7.00	
352	Dr. L. Franklin Bumgardner (kevill)...	49.23	
353	Carolina Hotel	38.86	
354	W. B. McDonald	82.60	
355	A. D. A. Remittance Report	60.00	
356	A. D. A. Relief Fund	5.00	
357	Dr. N. P. Maddux	60.65	
358	Dr. W. T. McFall	23.90	
359	Dr. John B. LaDue	200.00	
360	Dr. Frank F. Lamons	50.00	
361	Dr. Wm. A. Garrett	100.00	
362	Dr. H. E. L. Robinson	150.00	
363	Dr. John C. Brauer	50.00	
364	Mrs. Archie Henderson	40.00	
365	Mrs. C. E. Longwell	35.00	
366	Gouger-Veno Electric Shop	81.00	
367	Dr. J. E. John	25.00	
368	Dr. Neal Sheffield	1.98	
369	A. D. A. Remittance Report	72.00	
370	A. D. A. Relief Fund	6.00	
371	Nat'l School Supply Company	2.50	
372	R. W. Madry	188.50	
373	Wimberly & Gregory	25.00	
374	Rose Drug Company	11.00	
375	N. C. Health Council	10.00	
376	Dr. E. D. Baker	35.20	
377	Dr. Cecil A. Pless	85.90	
378	Powell Business Company	3.54	
379	Walker-Ross Printing Company	3.25	
380	Dr. W. Howard Branch	58.03	
381	A. D. A. Remittance Report	108.00	
382	A. D. A. Relief Fund	9.00	
383	A. D. A. Remittance Report	180.00	
384	A. D. A. Relief Fund	15.00	
385	Wimberly & Gregory	62.50	
386	Dr. Olin Owen	173.35	
387	Dr. R. Fred Hunt	42.37	2,309.36

Balance per Bank Statement—June 30, 1950	\$5,984.45
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North Carolina Dental Society

Rocky Mount, North Carolina

1950 MEETING EXPENSE

Fiscal Year Ended May 31, 1950

Schedule 2

Dr. John B. LaDue, Honorarium and Travel	\$ 200.00
Dr. H. B. L. Robinson, Honorarium and Travel	150.00
Dr. Wm. A. Garrett, Honorarium and Travel	100.00
Dr. F T. Lamons, Honorarium and Travel	50.00
Dr. John C. Brauer, Honorarium and Travel	50.00
Dr. L. Franklin Bumgardner, Hotel room and board (kevill)	49.23
Carolina Hotel, Clinicians	331.05
Dr. J. E. John, Travel	25.00
Carolina Hotel, L. W. Madry	38.86
Mrs. Archie Henderson, Registration	40.00
Mrs. C. E. Longwell, Registration	35.00
Dr. N. P. Maddux, Committee Expense	60.65
Dr. E. D Baker, Committee Expense	35.20
Dr. Cecil A. Pless, Committee Expense	85.90
Dr. W. Howard Branch, Committee Expense	58.03
Dr. Olin Owen, Committee Expense	173.35
Dr. E. D. Baker, Prizes	270.00
V. W. Sheppard, Install Booths	637.50
Carolina Hotel, Rent	600.00
Dan Ramsey Orchestra, Music	125.00
Dr. Claud M. Parks, Gift	64.65
Dr. Neal Sheffield, Gift	1.98
Dr. W. T. McFall, Programs	23.90
W. B. McDonald, Flowers, etc	82.60
Gouger-Veno Elec. Shop, P. A. System	81.00
L. W. Madry, Publicity	188.50
Wolverine Art Shop, Badges	80.59
Nat'l School Supply Co., Screen Rental	2.50

Total—Exhibit B\$3,640.49

SECRETARY HUNT: Dr. Martin Fleming is Chairman of the Relief Committee. Is he here?

DR. C. W. SANDERS: He is in another meeting.

SECRETARY HUNT: Dr. Fitzgerald is on that Committee.

I have a financial report for the Relief Committee. Would you like for me to make it for your Committee?

DR. FITZGERALD: All right.

SECRETARY HUNT: Since I handle the funds, I might go into it and show what we have done.

FINANCIAL REPORT

NORTH CAROLINA DENTAL SOCIETY RELIEF FUND ACCOUNT

April 30, 1950

1949

June 1, Brought Forward	\$ 1,503.31
July 13, Sale Amalgam Scrap	192.45
July 31, A. D. A. (Christmas Seals)	576.00
Annual Contribution from N. C. D. S.	200.00

Balance April 30, 1950\$ 2,471.96

Government Bonds—(Maturity Value)

9 \$1,00.00 Bonds; 1 \$25.00 Bond\$ 9,025.00

Total Assets\$11,496.96

Contributions By Districts:

First District	154.00
Second District	185.00
Third District	137.00
Fourth District	120.00
Fifth District	135.00

Total\$ 731.00

There were no disbursements during the past year.—R. Fred Hunt, Secretary.

SECRETARY HUNT: The next report which I have is the report of the Program Committee for 1949-1950.

THE PROGRAM COMMITTEE

The program committee met at the King Cotton Hotel, Greensboro, N. C., July 24, 1949 for the purpose of setting up the scientific program for our 1950 annual meeting.

The work and activities of this committee is represented in the program which appears in the last issue of the Bulletin.—R. Fred Hunt, Chairman.

SECRETARY HUNT: Is Dr. Lineberger in the room?

PRESIDENT McFALL: No.

SECRETARY HUNT: I wanted to ask if it would be permissible to make this report. I have handled the finances for the Dental College Committee for the past two years, and I should like to have this report appear in the Proceedings. The only way it can be done is through a report to the House of Delegates.

If there is no objection from any member of the Dental College Committee—

DR. FOX: That Committee is meeting right now. They should be in.

SECRETARY HUNT: Suppose I withhold the report until they arrive.

PRESIDENT McFALL: Have you any other report, Mr. Secretary?

SECRETARY HUNT: That is all.

PRESIDENT McFALL: Dr. Hunt, we thank you for the fine reports.

DR. FOX: Might I make a remark about this Relief Committee?

PRESIDENT McFALL: Yes, sir.

DR. FOX: About six weeks ago I was in Chicago and visited at the A. D. A. Headquarters, and I had some conversation with some of the officials about this Relief Fund.

The A. D. A. Relief Fund is set up as a trust under the laws of Illinois. Contributions made to that are credited to a principal amount and, according to the trust agreement, only the interest earned by that Fund can be used for relief purposes.

As a result, the money that we are paying in sometimes is not enough to meet the demands that are made on it. I mean by that, the interest is not sufficient to meet the demands. I suggested that in this appeal for \$2 per member of the A.D.A., instead of \$1, that they might make that appeal \$1 for the principal fund and \$1 for a current fund with the proviso that any parts of that current fund which were not used during the current year would be added to the principal fund.

I just wondered if the North Carolina Dental Society would like to make any recommendation along that line, if that met with favor in this group, to influence the National A. D. A. Relief Fund to change the setup on their solicitation. I believe it would provide for a little bit more in current funds to meet unusual needs.

We haven't needed it too much in the last two or three years, but there will come a time within the next two or three years when we might need more than just the interest from that fund.

I just throw that out as a suggestion to see what the thoughts of the men are.

PRESIDENT McFALL: Thank you, Dr. Fox.

All of you will be thrilled to know that North Carolina stands seventh in the fifty-one States.

(When I used that fifty-one, I am talking about the House of Delegates. Instead of the forty-eight, we have fifty-one.)

North Carolina is seventh, with 108 per cent plus. That is a basic requirement, \$1 per man.

Dr. Hunt and the North Carolina Relief have that set up so everybody gives a dollar. There are men in the room who give vastly more than that, and that accounts for the 8 per cent above the 100.

I call your attention to the fact that Alabama is 237 per cent over its quota on the same basis, and they have done just that as a minimum—a two dollar throw where we have a one dollar throw.

Are there any other remarks apropos to this Relief Fund?

SECRETARY HUNT: I might add at this time, Mr. President, that we do not have any recipient of this Fund in North Carolina. We are building up a rather neat fund which I hope we will never need, but if we do it will be nice to have it.

Along that same line, I might read:

"The purpose of the American Dental Association is to render a service to those who need financial assistance and not build a huge fund. At the same time the fund must be large so that earnings from the funds invested will be sufficient to meet the needs of those who will need help.

"It is for that reason that the Council feels the needs can best be met by increasing contributions to the principal Relief Fund. This year's goal of \$100,000 can easily be reached by the cooperation of the 65,000 professional men and women who are members of the American Dental Association."

PRESIDENT McFALL: Another plan that would be of interest to the group, I think, is that practiced in Tennessee. There were 119 men who gave \$50 as a life memorial to the Relief Fund of Tennessee. I think reading their Journal, it is probably going to be 150-some odd now.

Each man gives \$50 and that makes a memorial, either to a boy who was killed, your mother, or whoever you would like to make it. It is a lovely custom over there, and they have built up quite a reserve on that score.

DR. STEELMAN: Is that fund kept in Tennessee?

PRESIDENT McFALL: Just like ours, in a separate fund. It can only to be used for this. It is, of course, on the State level.

SECRETARY HUNT: Dr. Steelman, all of the money is sent to the A. D. A. central office in Chicago, and they in turn refund half of it to the N.C.D.S.-Relief Fund. Then, if we have a dentist on the Relief Fund—

heretofore, up until last January 1st, the A.D.A. Relief Council paid 50 per cent, and North Carolina Dental Society Relief Fund paid 50 per cent. He received two different checks. Now they will pay two-thirds and we will pay one-third to those receiving aid from the Fund.

DR. STEELMAN: How does the Relief Fund compare now as to when it was voluntary?

SECRETARY HUNT: It is larger, much larger.

I might add, too, while we just get a dollar from each member through your payments of dues, all of us should send in contributions at Christmas for those seals—send from \$1 to \$10 or whatever you can in addition to this \$1 which is not enough for our contributions.

If you have an additional contribution, it is not necessary to mail it to your District Secretary or the State Secretary. Just mail it to the A.D.A. Headquarters in Chicago.

DR. FITZGERALD: Relative to the Relief Fund: Several years ago, I noticed in the workings of the figures submitted of the A.D.A. that \$10,000 of the Relief Fund, that is, the A.D.A. Relief Fund, were transferred to the General Fund for the benefit of the Association. It was a loan shifting from one pocket to the other.

I took that matter up with members of the A.D.A. Relief Commission and there was a motion made and passed that this could not be handled in that way—that it must be handled for relief entirely.

I would like to say this relative to our State Relief Fund—that when we bring our scrap alloy here for the Relief Fund, that all goes to our State Relief Fund. I mean the entire amount. That is the way it was inaugurated and that is the way it has been carried out. Consequently, we do have something by that move.

PRESIDENT McFALL: It is a very splendid thing Dr. Fitzgerald has done in getting out post cards reminding all of us to bring scrap alloy. I sincerely hope there will be many hundred pounds for somebody to assay and turn into our Relief Fund this year.

Are there other suggestions, gentlemen?

DR. BAKER: This is not really a committee report. I thought I would speak a little about the problems of the exhibits.

You have noticed we have stressed that you visit the exhibits. There is a reason. Under the able guidance of Tab Branham, I think we have worked pretty hard this year and got a good crowd, but it is becoming increasingly more difficult to get these commercial houses to exhibit unless you have a good membership visiting the exhibit booths.

I didn't know it until I wrote to these fellows and found out what the trouble was. They keep a little counter. We write and tell them that we have 900 dentists. They write back and say, "Well, 380 visited our booth last year."

Of course, you can see where you have 48 States and all of them pestering these concerns to exhibit, they are going to select the ones that have the best representation.

That is partly what is behind our stressing for visiting exhibits, because you are not going to get them if you don't. It is getting harder and harder. They tell us they will go where they get a larger crowd.

This group wields a lot of influence in getting people to take the trouble to come to these exhibits. They are glad to see your wives, but their chief concern is to see the dentists. That is what their company pays them for.

SECRETARY HUNT: Is the Relief Fund discussion closed?

PRESIDENT McFALL: I believe so.

SECRETARY HUNT: I should like to make a motion that those reports which I read be approved.

MEMBER: I second the motion.

PRESIDENT McFALL: It has been moved and seconded that the several reports Dr. Hunt read previously be approved as read.

(The motion was put to a vote and carried.)

PRESIDENT McFALL: Are there other committee reports?

(There was no response.)

Is there other business to be brought before the House of Delegates?

(There was no response.)

We have two matters on the agenda that we haven't disposed of, if you care to dispose of them. One is the sales tax that we are going to be responsible for in North Carolina in the next Legislature meeting. This was brought to our attention by the dental laboratory men.

They are going to charge us a sales tax for every case processed, and probably for every filling you put in. Commissioner Shaw has told Dr. Poindexter that it is going to be done unless medicine and dentistry, and the healing arts professions, bring enough pressure to bear to say that it shouldn't be done.

In dr. Sanders' administration, it was talked and is still being talked. While the Legislature hasn't met for two years, it is going to meet soon, and it is a thing that we ought to be on record about.

MEMBER: Is there a sales tax charged on prescriptions, drugs, and things like that? I mean, in a drug store.

DR. SANDERS: Patent medicines.

PRESIDENT McFALL: On certain pharmaceuticals there is, and on certain others there is not.

DR. STEELMAN: Mr. Chairman, would it be in order for a motion that the proper committee, if not the committee that you already have, be appointed to contact the Legislature and attend to this matter, and see that it is—

PRESIDENT McFALL: Dr. Steelman, would you be satisfied to let the Legislative Committee—

DR. STEELMAN: The Legislative Committee yes. If there is a committee, the Legislative Committee would be perfectly satisfactory. I will make that motion.

DR. BRANHAM: I second the motion.

PRESIDENT McFALL: There is a motion, seconded by Dr. Branham, that the Legislative Committee handle this matter of the possibility of a sales tax against the dentist and his services.

DR. FOX: I would like to ask Dr. Steelman if he would permit an amendment to that, the amendment to be that the Legislative Committee draw up a resolution explaining the attitude of the North Carolina Dental Society towards the sales tax and present that at a general session of this Society sometime during the meeting so that we could have a resolution condemning this sales tax.

DR. STEELMAN: Would that be necessary?

DR. FOX: I think it should be.

PRESIDENT McFALL: It would bring it definitely to a head, that we go on record from the House as saying that we are opposed to the sales tax.

DR. STEELMAN: It will come before the entire body?

PRESIDENT McFALL: Yes, Sir.

DR. STEELMAN: I will accept that amendment.

DR. BRANHAM: I will accept it also.

PRESIDENT McFALL: It has been moved and seconded to accept the amendment. Are you ready to vote? You vote on the amendment to the motion that we instruct our Legislative Committee to bring in suitable resolutions to show that the North Carolina Dental Society and the Legislative Committee are against this being consummated.

(The amendment to the motion was put to a vote and carried.)

PRESIDENT McFALL: Now, on the whole main motion, are you ready to vote?

(The motion was put to a vote and carried.)

PRESIDENT McFALL: That is for the sales tax.

Now we are back to our second part. Fred, do you have any other information for the enlightenment of the group on this Health Council?

SECRETARY HUNT: No, I do not.

PRESIDENT McFALL: You have been getting the same letters from Mr. Richardson that I have.

SECRETARY HUNT: I have had one letter.

PRESIDENT McFALL: Is there any other business to be brought before the group?

DR. FOX: If there is no other business, there is one proposition that I would like for the House of Delegates to express themselves on.

The North Carolina Board of Dental Examiners is not an agency of the North Carolina Dental Society, but is an agency of the State of North Carolina. Therefore, any matter which is brought before the North Carolina Board of Dental Examiners necessarily is a State matter and its records go into permanent State records.

Frequently there are minor offenses against our laws or principles of the North Carolina Dental Society which the North Carolina Board of Dental Examiners does not feel should involve putting into the permanent State records.

At our last year's meeting I made the suggestion that some provision be made for an agency of the North Carolina Dental Society to discipline members on cases that were against the principles of the Society, but were not sufficiently grave to be brought before the Board of Dental Examiners for official action.

That was at the close of the meeting last year and there was a great deal of business. But I would like to make a motion that we extend the powers of the Ethics Committee or appoint a special committee with powers to deal with infractions of the general principles of conduct expected of members of the North Carolina Dental Society.

PRESIDENT McFALL: You have heard Dr. Fox's remarks. In the proceedings of last year, you see other similar remarks.

If all of you have a copy of the Constitution and By-Laws, it is pretty well defined what the Ethics Committee is supposed to do and its *modus operandi* for doing it.

Dr. Fox has made a motion. Is there a second?

DR. McCALL: I second the motion.

PRESIDENT McFALL: It is now open for discussion, gentlemen.

DR. McCALL: Why not have it so the Ethics Committee might review the work of the Board on cases along that line?

PRESIDENT McFALL: Dr. Alford, we are getting right into your bailiwick.

A motion has just been made by Dr. Fox, seconded by Dr. McCall, that the State Board of Dental Examiners of North Carolina is not a

portion of the North Carolina Dental Society, and that there are minor infractions which at this time the Ethics Committee has no jurisdiction to handle, and so Dr. Fox has made the motion that we give the Ethics Committee more jurisdiction to handle certain minor infractions not of a State Board of Dental Examiners' level.

It has been seconded and it is ready for discussion.

DR. A. T. JENNETTE: Some years ago we had a party that had done something that didn't come before the Board of Dental Examiners but it did come before the State Society. The Ethics Committee did bring it before the House of Delegates, and we met and were in session until about 2:30 or 3 o'clock in the morning on this particular case.

I believe that the Ethics Committee now has the authority to take care of all infractions of the rules and ethics that do not come under the State law. I believe that is correct.

PRESIDENT McFALL: Is that correct, Dr. Jennette?

DR. JENNETTE: I see no reason why that motion should be made.

If the Ethics Committee sees fit to carry this out, I don't see why we need make a motion at the present time.

PRESIDENT McFALL: The motion has been made and seconded.

DR. J. A. McCLUNG: I am sorry—I just came in. I was detained at another meeting.

PRESIDENT McFALL: The motion was made by Dr. Fox that since the State Board of Dental Examiners is not a portion of the North Carolina Dental Society and there are certain minor infractions that they do not care to handle because of publicity and otherwise, so they wanted the Ethics Committee to have a little bit more pseudo-legal authority than it now has to reprimand or do something to the people.

You are Chairman of the Ethics Committee, and that is the motion that has been made and seconded.

Dr. Jennette is one of the two representatives on the Board, and he spoke to that motion.

DR. JENNETTE: Mr. President, I move that that motion be tabled.

PRESIDENT McFALL: A move to table is not debatable. Is there a second to the motion?

DR. SANDERS: Mr. President, is the discussion still open?

PRESIDENT McFALL: Yes, sir, the discussion on the first motion is. On the motion to table, there is no second on it.

DR. SANDERS: We have attempted in every way possible to make a distinct separation between the Board of Dental Examiners and their responsibilities and authorities, and the authority and the power of the Ethics Committee of the North Carolina Dental Society. The Ethics Com-

mittee is empowered to cancel or withdraw the membership of any member they see fit after following the procedure in your Constitution and By-Laws. It seems to me that that would be the extent of any power that we would desire.

The Board of Dental Examiners is empowered, if they see fit, to cancel a license.

It seems to me that the duties and responsibilities and powers of both these bodies are very definitely defined, and as Sandy says, I see no reason whatever for extending the power of either group. We couldn't extend the power of the Board of Dental Examiners.

PRESIDENT McFALL: Are there other remarks to the motion?

MEMBER: I second Jennette's motion.

PRESIDENT McFALL: It has been moved and seconded that the motion be tabled.

(The motion was put to a vote and carried.)

PRESIDENT McFALL: The motion is tabled.

It is a healthy discussion, gentlemen, and I am sure that after all of you at 3:30 tomorrow hear the Secretary of the State Board, you are going to have a great deal more information on the subject than you now have. It is going to be informative and enlightening.

The strength of the North Carolina Dental Society is in the individual dentist on a local level. That is what we have all got to bring home to ourselves. That is what Dr. Fox is trying to say, and saying well in his motion.

DR. McCALL: Neither the State Board nor the Ethics Committee can act unless the complaint is registered.

PRESIDENT McFALL: That is right, unless you go to court with that complaint, too. You don't get anything done otherwise.

DR. FOX: Mr. President, the thought in my mind was just this:

I know of a case where three or four different people have stated that they have been into a dental office and that the girl in that office, not a hygienist, has cleaned their teeth. But when you ask that patient, "Will you swear to an affidavit?" they say, "Oh, no, I don't want to get involved in a court case."

The State Board of Dental Examiners cannot act without legal evidence.

My idea in making the motion which has been tabled—I am not trying to bring it up again, but this is by way of explanation—was that the Ethics Committee could take reports which are not legal evidence and call the man before the Ethics Committee and tell him that these reports are being heard and give him a warning that if such reports continue that

he is subject to suspension from the North Carolina Dental Society. They might give that man a timely warning that would prevent him from latter becoming subject for court action by the Board of Dental Examiners.

That was the thought that was back of my motion.

PRESIDENT McFALL: I am sure it was.

DR. STEELMAN: Mr. Chairman, it looks as though, from all the discussion here, that the thing is revolving around the idea that the Ethics Committee should become more active instead of passing the buck to the Examining Board. They will become more active and handle more of those cases and then it will solve the case.

PRESIDENT McFALL: The Ethics Committee is a hearing body, not a prosecuting body. Its function is very ably defined in our Constitution and By-Laws, and it is really not up to them to ferret out these individuals. But the law of the North Carolina Dental Society quite well defines that if you bring in information and affidavits to them, action will be taken along a definite line.

Is there other business to come before the House?

DR. BRANHAM: As Chairman of the Resolutions Committee, to try to expedite matters, there is a resolution which the Secretary has in hand. I wish he would relate it at this time.

PRESIDENT McFALL: Give attention to Dr. Hunt at this time.

SECRETARY HUNT: I have here a resolution from Dr. R. P. Thomas, A.D.A. Trustee from the Eighth District, I shall read this resolution to you and then I would like to see it passed by this body and the Secretary instructed to so inform Dr. Thomas and the A.D.A. Central Office.

"WHEREAS, a course of instruction of two years duration, supported and financed by the Children's Bureau, Washington, D. C., has been inaugurated by the Forsyth Clinic for the purpose of training dental nurses to practice dentistry on children, and

WHEREAS, the Dental Practice Act of the State of Massachusetts has been amended to grant legal privilege to central nurses to render dental service on children and

WHEREAS, such a program of instruction will establish a sub-level type of dental personnel and practice, and

WHEREAS, in the March issue of the Journal of American Dental Association (page 342) is contained the following statement:

'The Commissioner (of Health of Massachusetts) finally suggests that the resolutions of the House of Delegates "may perhaps have been hurried and therefore inconsistent". The action of the House of Delegates, the Commissioner should know, were taken after full and free discussion of all the facts with all parties concerned. There is good evidence that the Commissioner's 'research project' was handled more subtly and without such full and free discussion with all the interested parties. The question

then arises if, perhaps, the 'research project' was not the result of 'hurried and inconsistent' action on the part of the Department of Health. If so, the Commissioner might give some contemplative moments to a full and studied reconsideration in the interest of achieving the broad objectives to which his Department, under statute, and this Association, as a voluntary organization of 68,000 of the nation's dentists, are dedicated," and

WHEREAS, the Council on Dental Education of The American Dental Association, the Council on Dental Health, the Secretary and the Board of Trustees in their reports at the 1949 Annual Session in San Francisco so deplored this program of sub-level practice of dentistry, and

WHEREAS, the Reference Committee on Public Health of the House of Delegates of the American Dental Association presented the following, which was adopted by the House of Delegates at San Francisco:

'RESOLVED, that the American Dental Association deplores the apparent failure of the Massachusetts State Legislature to approach the Massachusetts Dental Society preparatory to inaugurating this program without the knowledge and endorsement of the American Dental Association, and be it further

RESOLVED, that all such programs concerning the development of sub-level personnel, whether designed for experimental purposes or otherwise, should be planned and developed only with the knowledge, consent and cooperation of the respective State Associations and the American Dental Association for the purpose of protecting the public health and welfare, and be it further

RESOLVED, that the Council on Dental Health continue its study of the matter, and

WHEREAS, the Reference Committee on the Council on Dental Education of the House of Delegates of the American Dental Association presented the following, which was adopted by the House of Delegates at San Francisco:

'RESOLVED, that the American Dental Association approve the formal statement of policy that a teaching program designed to equip and train personnel to treat children's teeth cannot be given in a less rigorous course or in a shorter time than that approved for the education of dentists,'

Therefore be it *RESOLVED*, that the North Carolina State Dental Society fully endorse the actions taken by the House of Delegates at San Francisco relative to its nurse dental program, and be it further

RESOLVED, that the North Carolina Dental Society in the interest of public health and welfare deplores the attempt by any individual, group or agency to inaugurate a program of a sub-level practice of dentistry."

The Chairman of the Resolutions Committee asked that I read this resolution. I should like to make a motion that this resolution be adopted by this body and that the Secretary be authorized to so inform Dr. Thomas and the Central Office at Chicago.

DR. BRANHAM: I second the motion.

PRESIDENT McFALL: The motion has been made and seconded. Is there any discussion?

(The motion was put to a vote and carried.)

PRESIDENT McFALL: The Massachusetts Dental Society has just gone on record as reversing this action and being very much against this. That was on the A.P. report last week. I imagine President Adams will have something to say about it tomorrow when he talks to us as President of the American Dental Association, for he had been Secretary of the Massachusetts State Society for nearly 20 years, I believe it is. All of those Massachusetts boys are very much upset over this action.

Mr. Chairman, did you have any other resolutions to report from the Resolutions Committee?

DR. BRANHAM: No other.

PRESIDENT McFALL: I am sure you will have others before the end of the meeting.

Dr. McClung, do you have an Ethics Committee report?

DR. McCLUNG: I have a report to make, but I haven't contacted all the members since we gathered here. I expect to have contacted them and present it tomorrow.

PRESIDENT McFALL: The next meeting of the House of Delegates will be at 4:30 tomorrow and then again on Saturday morning. We would like to have these committee reports because there are a number of committees, special committees, especially, who don't quite know what they ought to do. There haven't been reports made, so there is no record to go on what anybody else has done. You would do the State of North Carolina a real service if you would turn in some historical written report so that those committees to follow you would have something definite to tie to as to what has been done before and what needs to be done in the future.

DR. D. L. PRIDGEN: I have some reports I would like to get off.

PRESIDENT McFALL: Dr. Pridgen is Chairman of the Constitution and By-Laws and Executive Secretary, and maybe two or three others.

DR. PRIDGEN: First, I would like to make a report of the Committee of the Proposed Executive Secretary.

REPORT OF COMMITTEE ON PROPOSED EXECUTIVE SECRETARY

Pursuant to the recommendation of our immediate past president, and the approval of this recommendation by the House of Delegates at the 1949 meeting, your committee appointed to make a study and to determine the advisability of this society's employing a full time executive secretary, wishes to submit the following report:

We were given a committee assignment of eleven members, two members from each district and the chairman. We endeavored to hold during the year two meetings of the full committee, but at only one of these meetings could a majority be present. We believe a smaller committee would have been more effective. Some of us have given the matter much thought and study, discussing it as a few of us were able to get together, and also seeking the opinions of many who were not members of the committee. We have also had some correspondence on the subject with the A.D.A., and with other state societies.

Your committee overwhelmingly agrees that the duties of the office of secretary-treasurer of the N. C. Dental Society have become altogether too burdensome; that the occupant of this office has to devote entirely too much of his time and spend too much of his own money in order to creditably discharge the duties of the office. We likewise agree that there should and must be some relief given to him.

The ideal solution to the problem would be the employment of a full time executive secretary. The following state societies employ lay executive secretaries: California, Southern California, District of Columbia, Michigan, Massachusetts, Oklahoma, Pennsylvania, Wisconsin and Tennessee. In addition to these, Iowa, Minnesota and Texas have dentists as secretary on a full time basis. Your attention might also be called to the fact that Washington and Missouri formerly employed executive secretaries and they have been discontinued at least for the time being. New York state has recently voted to employ a lay executive secretary.

One of the most complete investigations on this matter was made by Dr. Roy Elam and his committee in the state of Tennessee. Since this is an adjoining state, comparable in many ways to North Carolina, and having about the same number of members, we feel that Tennessee presents to us an almost ideal and perfect proving-ground for our observation and study. They have been using a lay executive secretary now for nearly two years at a salary of \$5,000.00 a year plus \$175.00 per month for a stenographer. It was necessary to rent and completely furnish an office and to pay all expenses incident thereto, as well as travel and other expenses incurred by the executive secretary in the discharge of his duties. In order to meet this increased expenditure the state dues were raised from \$10.00 to \$25.00 per year. This increase in dues, a last report, has caused no loss of members. The first year's operation showed a deficit of \$3,000.00, and this year, it is reported, that they will probably run \$4,000.00 in the red.

The executive secretary's office is the central office of the society, handling all printed matter, bulletins, etc., the liaison between the society and the public, the esprit de corps of the society. Some of the duties of the executive secretary are:

1. General finance man. Collects dues and sets up budget.
2. General office manager.
3. Business manager of publications.
4. Secretary ex-officio of state wide Committees.
5. Direct public relations—radio and other means.

6. Represents secretary at all health meetings.
7. Library service, records, films, etc.
8. Public address of lay groups.
9. Service to component societies.
10. Carries out all policies except professional approach.

The following are some of the qualifications which the Tennessee committee suggested as being desirable in an executive secretary:

1. Broad educational base—Degree in law and accounting would be good.
2. Expert in field of public relations.
3. Pleasing personality, honest, reliable, and trustworthy.
4. Financial success in own affairs.
5. Good conversationalist and speaker.
6. Wide acquaintance.
7. Hard worker, versatile and conscientious.

One who has long been in official position in Tennessee estimates that it would cost our society \$30,000.00 to \$40,000.00 a year to operate, should we employ a layman from the business or teaching world, who has had several years experience. He is further of the opinion that dentist who is capable of handling the job as executive secretary, part time or full time, would be preferable in small societies to a layman, who has had no experience in handling dentists and dental society work; or to take a young man as an assistant secretary on a small salary, let him assist the secretary and learn the workings of the society, and when he becomes proficient, restore upon him the title of executive secretary with a salary in line with the job.

From the foregoing it is obvious that to employ a competent full time lay executive secretary, a stenographer, rent and equip a central office, pay all office expenses, and travel expenses when on official business, it will require a substantial increase in the dues of the state society. From the best information which we have been able to obtain, we believe it would necessitate raising the state dues to at least \$25.00. Now arises the "sixty-four" dollar question. Do we wish to do that? We know many members in the society who would not object. True, even at that figure, when compared to other amounts which we spend, and considering the many direct accruing from membership in the society, it is woefully small, even less than many laboring men pay to their unions. However, many state societies have found out that it really pays. It will give the profession dignity and stature in the eyes of the public. It will mean better meetings, better periodicals, better administration.

As you know, our state society dues are \$6.00. Formerly we were able to have a few hundred dollars balance left from each year's income. But today, with the increased costs of services, that situation no longer exists. We are just about breaking even. Next year, however, we are restoring to active membership most of those who have been carried as Life members, which will increase our annual income by several hundred dollars.

Now, admitting the desirability of the N. C. Dental Society having a full time executive secretary, we cannot but question the advisability of our embarking immediately upon a set-up on so grand a scale. Rather we should use caution, wisdom and mature judgment, investigating and studying it from every angle for the pitfalls that might beset us. We should closely observe its working and progress in Tennessee, drawing from them such conclusions as will enable us to reach a definite decision as it pertains to our own organization.

We recommend as a gradual step in this direction, that the Executive Committee be authorized to employ clerical help, either full time or part time, to assist our secretary-treasurer, according to the judgment of the committee, after conferring with the secretary-treasurer. He or she could be getting familiar with the set-up and the workings of society, which would be most helpful to an executive secretary, should we later determine to employ one. With the increase in income which we have mentioned, we believe this can possibly be done without raising the dues. If not, we recommend increasing the dues enough to meet this added expense.

As a further means of lightening the load on the secretary-treasurer, we recommend that the By-laws be changed so that the duty of arranging programs for our annual meetings be taken entirely out of his hands, and that the incoming president appoint the program committee. This, too, is a step which we believe would be necessary, if we were to employ an executive secretary, since in our opinion, unless he be a dentist, he would not be competent of arranging programs.

Through many years of determined effort and by great personal sacrifice on the part of many of its members, the N. C. Dental Society has today reached a position of eminence. As we contemplate the many high positions to which our members have been elected and appointed, we have ample reason to feel proud. And we want to do nothing to jeopardize that standing. Let us be progressive, and at the same time somewhat conservative in our thinking and planning, always working for a better society, a better profession, and for a better health service to the people of this state.—D. L. Pridgen, Chairman.

PRESIDENT McFALL: What is your pleasure on it, Dr. Pridgen?

DR. PRIDGEN: I move adoption of the report.

DR. JENNETTE: I second the motion.

PRESIDENT McFALL: It has been moved and seconded. It is now open for discussion.

DR. FOX: I am heartily in favor of most of the recommendations made in this report. However, there is one clause in there which authorizes an increase in dues, and that might be overlooked in adopting this report.

Frankly, I am afraid that we are going to have some repercussions from the change in the Constitution abolishing the life memberships. We may lose some members.

Frankly, I think to throw an increase in dues at the men at the same time that this life membership is abolished may be a little too much. I would like to see that clause authorizing an increase in dues amended or changed so that it would read that the assistants might be hired to the extent that it could be done within our present dues income.

DR. ALTON W. BOTTOMS: I feel that we have got the very best men on that committee, and I would like to leave it up to the Executive Committee to handle it as they see fit.

Was there a second to his motion?

PRESIDENT McFALL: Yes. His motion was seconded. Dr. Fox's amendment was not.

DR SANDERS: There is a saying down in my neck of the woods that it is a poor cow that won't lick her own calf.

That was a recommendation of mine from last year. Having served three years as Secretary-Treasurer, I know a little something about it. I served my term; I enjoyed it; I was glad of the opportunity of serving my profession and my organization.

But I found in the three years which I served as Secretary-Treasurer that the duties and responsibilities almost tripled. After thinking things over and thinking of the fellows who would come along in years later following me and would have to follow along and perform those duties, duties that I should share in as a member of the North Carolina Dental Society, when that fellow would come along and have to spend an average, I would say, of \$1250 to \$1500 each year to take care of me as a member of this organization, and when I realize that perhaps the business could be expediated and it would add honor and prestige to our organization to have a full-time Executive Secretary, I made that recommendation.

I concur in this report, although I feel that some of those findings, some of the information gathered and reported in this report this evening, are exaggerated. I do not feel that it would cost thirty or thirty-five thousand dollars a year to perform the duties that would be necessary for an Executive Secretary to perform in handling the business of this Society. That is information. We are reporting what we gather, you understand. But one can't help but wish for the best, and that is what I wanted our organization to have.

However, I would not be in favor of increasing the dues of the North Carolina Dental Society members from \$6 per year to \$20 or \$25 per year. That would be prohibitive just for this one service.

Therefore, it was agreeable to me for this Committee to delay in the specific recommendation that we go ahead and undertake to hire a full-time Executive Secretary, but instead of that relieve the present Secretary of some of his duties and responsibilities. As to notice in the report, someone else would have charge of the program, and he would be furnished with help in his office.

So, after all is said and done, I expect that is just about as good as we can do at this particular time. However, I hope that in the not too distant future, our organization can follow along, and we will be following along in the footsteps of organizations smaller than ours, not so important as ours, who employ a full-time Executive Secretary to do this labor, and it is labor, that is necessary in order to carry on the activities of an organization with 1,000 men.

PRESIDENT McFALL: Thank you, Doctor.

DR. E. M. MEDLIN: As all of you know, I was the war-time secretary. As I look back over those three years, I am not complaining at all about all the restrictions we had and changing the meeting place. It is a tremendous job. Like the old saying, "No matter which way you slice it, it is still bologna just the same."

Back in those days, the Secretary was Chairman of the Defense Committee, and also Chairman of the Executive Committee, and Chairman of the Program Committee. Our Society is countinuing to grow. I am heartily in favor of our Committee report.

It was my pleasure to sit in on the talks of the State Society Officers Conference in San Francisco, and take notes on these fellows, and you will see that it takes just about a Philadelphia lawyer to fill the requirements of a good Executive Secretary. I believe it would be a little too much, as our report states, on that schedule at this time. I think the idea as suggested is to have more clerical help for our Secretary-Treasurer at this time and gradually work on.

While I am on my feet, although it is not necessary for me to do this because all of you have high regard for him, but I do want to commend our immediate Past President for his courage and his idea of suggesting this thing. It shows his qaulifications, and his consideration for the other fellow.

PRESIDENT McFALL: Thank you, Dr. Medlin.

PRESIDENT McFALL: We have an amendment without a second. We have a main motion. The motion is for the adoption of the report.

(The motion was put to a vote and carried.)

PRESIDENT McFALL: I would like to heartily commend this Committee. It has been a herculean task in more ways than one. All of us owe you a great debt of gratitude and appreciation for your fine rendering of this service to all of us. Believe you me, it is a lot of work.

Dr Pridgen, did you have another report?

DR. PRIDGEN: This is a report of the Constitution and By-Laws Committee.

Most of these proposed changes were printed in the Bulletin, the program issue of the Bulletin, on page 363, and I suppose most of you read them. There is one section, however, that was not printed. That is one clause concerning a matter of which we were not aware until a couple of days ago.

CONSTITUTION AND BY-LAWS COMMITTEE

In order to bring the Constitution and By-laws into conformity with the action of the House of Delegates at the 1949 meeting, through adoption of the President's recommendation, and to conform with the By-laws of the A.D.A., the following amendments are proposed:

In Article III of the Constitution, strike out Section 4 and substitute the following:

"Section 4. An active member of this Society who shall have paid the annual dues for thirty-five (35) years, and who shall have reached the age of sixty-five (65) years, may, at his request, be classified as a Life Member, and shall be exempt from dues there-after. He shall be entitled to all the privileges of an active member except that he shall not receive the Journal of the American Dental Association unless by subscription."

In Article V of the Constitution, strike out the last clause and make it read as follows: "as provided in Section 90-22 General Statutes of North Carolina."

In Article I, Section 4, of the By-laws, second paragraph, strike out the words "seven dollars (\$7.00)"—and substitute "thirteen dollars (\$13.00)."

Also strike out the words "and life".

In Article III, Section 1, of the By-laws, strike out the following clause: "Provided, that life members shall pay seven dollars for the American Dental Association," and in addition, the rest of that section, and substitute the following:

"Provided that a student member of the American Dental Association, who has been licensed to practice dentistry in North Carolina, and who applies for active membership in the North Carolina Dental Society, shall, if accepted, be exempted from dues for the remainder of that calendar year; and for the ensuing year shall be required to pay only the district and state society dues plus four dollars (\$4.00) for the American Dental Association."

In Article V of the By-laws, strike out Sections 5 and 7, and designate Section 6 as Section 5.—D. L. Pridgen, Chairman.

DR. PRIDGEN: This is simply putting into effect the change relating to life members, mostly, and also the paragraph which I read which was not printed in the Bulletin, dealing with the acceptance of new members which were formerly accepted under what was originally known as the Indiana Plan and prevailed in the A.D.A., of which I learned a couple of days ago from the Secretary has been discontinued, and they have adopted this plan.

Mr President, I should like to move adoption of the report.

PRESIDENT McFALL: Mr. Chairman, as a matter of information for the group, on your last paragraph that you have inserted, will it be necessary for that to lay over an additional year or not? I ask that for the information of the group, in view of the fact that this other has lain over the year.

DR. PRIDGEN: Mr. President, under the By-Laws with the 90 per cent consent of this session of the House of Delegates, this may be brought up at a subsequent meeting of the House of Delegates of this same meeting and finally adopted.

PRESIDENT McFALL: What is your pleasure as Chairman? Do you want us to vote on the report as a report with that exception, until another session, or try for the 90 per cent before we vote on the whole report?

DR. PRIDGEN: I might have been in error in moving the report be adopted at this time. I probably should have moved that the 90 per cent consent be asked for to adopt it finally at another meeting.

PRESIDENT McFALL: You have heard the change, that this report be received with a 90 per cent vote we can wind it up at the 4:30 session tomorrow.

Is there a second to that?

DR. STEELMAN: I will second that:

PRESIDENT McFALL: Is there any discussion?

DR. FOX: I would like to ask Dr. Pridgen one question.

In this proposed amendment, the word "consecutive" which appears in our old Constitution and By-laws does not appear in this. Was that omission intended or is that an oversight?

DR. PRIDGEN: The omission is intended. It does not appear—in other words, we are just trying to make our By-Laws comply with those of the A.D.A., and it does not appear there. It matters not whether the 35 years are consecutive or whether they are intermittent. There may be some few years deletion. The members pay dues for 35 years. It need not be consecutive, and they must be 65 years of age.

DR. FOX: Mr. Chairman, what would be the effect if we had a depression such as we had back in the 30s if we don't have that consecutive clause in there? Do you think that we might have a large number of men dropping out figuring on coming back in after times are better?

That is the question that is in my mind. I don't know whether it has been considered by the Committee or not.

DR. PRIDGEN: Mr. President, if I may speak to that?

PRESIDENT McFALL: Yes.

DR. PRIDGEN: My personal opinion is that if a man has reached 65 years of age and has paid dues 35 years into organized dentistry, I think he is entitled to life membership whether it has been consecutive or not.

PRESIDENT McFALL: Dr. Fox does that answer your question?

DR FOX: I just wanted that to be clear—what was the intent of the Committee, because that may come up for a ruling later.

PRESIDENT McFALL: Are you ready for the question?

(The motion was put to a vote and carried.)

PRESIDENT McFALL: That will be an order of business at 4:30 tomorrow, the first order of business, I might say, for a 90 per cent vote.

DR. FITZGERALD: On the recommendation a few minutes ago of the Committee relative to the Executive Secretary.

That recommendation was to make a change in the Constitution and By-Laws, I believe, Dr. Pridgen, and that will come up also, I presume.

PRESIDENT McFALL: That will have to be handled by the Constitution and By-Laws and lay over a year, but not on the same 90 per cent rule, would it, Roy?

DR. PRIDGEN: Well, the Committee couldn't be informed. It takes much study to pore over this thing and be sure there are no conflicts. I am not sure whether it can be ready in time to dispose of it at this Annual Meeting.

PRESIDENT McFALL: It would have to be by the same rule if we did it.

DR. FITZGERALD: As I understand it. I was asking the question to know whether or not we were voting on changing the By-Laws on that, you understand, Dr. Pridgen.

DR. PRIDGEN: You are a member of this Committee. Maybe you can work it out at this meeting.

DR. FITZGERALD: I was just asking the Chairman.

PRESIDENT McFALL: It is fine to bring that point up for information if we do vote on it. This is for 4:30 tomorrow and Saturday morning.

DR. SANDERS: I understand this action is purely and simply authority for this Committee to go ahead and make the necessary changes in the Constitution and By-Laws, and it is going to be a long drawn out thing any way you look at it. In view of the circumstances of all the work that must be done, I think if it is possible or feasible, we should try to get the entire thing through at this meeting.

PRESIDENT McFALL: Dr. Sanders, if our House of Delegates will give your Committee a 90 per cent vote, it saves 12 months of service on this very tedious job.

DR. SANDERS: Yes. That gives us authority, since I am on that Committee, to go ahead and make the necessary changes, but to have those ready to present at this particular meeting, I don't know whether that could be possible or not.

PRESIDENT McFALL: As I would understand the action, and the Chair is speaking from that viewpoint, if the House of Delegates gives to this Committee, notifying us at this time that it will be voted on at another session, the 90 per cent permission to do it, then that is as good as letting this thing lay over for another year, as this proposal which Roy has just read in here has had to for this year. Otherwise, you will have to have that portion of the Committee report lay over for another 12 months, vote on it next year. Is that correct, Mr. Chairman?

DR. PRIDGEN: That is correct.

PRESIDENT McFALL: We will let it take that course, then, on both committee reports, that either at the 4:30 session tomorrow or at the Saturday morning session, that if we give them 90 per cent vote, then we save a year's handling of this report, or a year's layover. As Sandy has said, there is going to be plenty of work even when we give them the 90 per cent O. K.

Dr. Pridgen, are there other reports?

DR. PRIDGEN: That is all I have.

PRESIDENT McFALL: We certainly do thank you for your fine work on both of these important assignments this year.

Gentlemen, is there another report?

DR. HOWARD W. BRANCH: I would like to make the Housing Report at this time.

HOUSING COMMITTEE REPORT AND STATEMENT OF EXPENSES

D. Staton Inscoc, P. M. for stamps	\$30.00
Rubber Stamps and Supplies	4.65
Labor preparing application blanks	21.00
(Miss C. Mercer and Mrs. A. Edwards)	
Telephone calls to Dr. Fred Hunt	2.38
Total	\$58.03

—W. Howard Branch, Chairman

PRESIDENT McFALL: Don't be so modest. Tell the boys why it was necessary to have this expense in order to have this meeting at Pinehurst, because your report merely shows the financial expenditure, but doesn't explain the financial expenditure.

DR. BRANCH: It required about two full days of two people to prepare these things for mailing. The blanks had to have a rubber stamp on them about the priority to let the men have priority who were going to stay the full time of the meeting.

PRESIDENT McFALL: By vote of the Executive Committee.

DR. BRANCH: That is right.

Then, the hotel did not want the return address on the envelope to come back to this hotel. A rubber stamp had to be made for that and we had those envelopes stamped, about a thousand altogether.

Then, the weeding out of some of the men—the list of men that we have is not adequate. The force that I had was not adequate. I got my addressing done by Dr. Branch in the State Board of Health office. He has an addressograph machine and a pretty good list of the men, but we have not had a complete list of all the men in the Society there, so we could keep it up. It takes more time to handle it that way.

I did ask Dr. Franklin Bumgardner if he had an addressograph machine in getting out his Bulletins. He said he did, but he didn't like the idea of trying to handle it through his office. Of course I was off in another town.

These things had to be prepared and stamped with the rubber stamps, and then your postage stamps on it in addition to that, and boxed and mailed to the hotel here in a bundle for them to mail from Pinehurst to get the postmark on it Pinehurst so that it would be distributed throughout the State at about the same time so that everybody would have a chance to get a hotel room at the same time. So far, there have been very few complaints that I have heard about.

Thirty dollars of that money was to postage and \$4.65 for rubber stamps and the pads that go with that. It took a lot of time to get it ready.

PRESIDENT McFALL: It certainly did, and we are grateful to you, Howard.

Do you make the motion that this report be paid?

DR. BRANCH: Yes, and adopted.

PRESIDENT McFALL: Paid and adopted.

DR. STEELMAN: I will second it.

PRESIDENT McFALL: It is seconded by Dr. Steelman. Is there any discussion? Any information anybody desires on it?

(The motion was put to a vote and carried.)

DR. BRANCH: I had one or two suggestions from some of older members of the Society that we go back to publishing the membership of the Society in the back of the Proceedings each year as a means of getting a complete list of the membership. It is very hard to do.

PRESIDENT McFALL: I am hoping that Franklin Bumgardner or Frank Alford are going to do something. It has been '48 since we have had a directory. They are all big hearted people, and I think they might do something about it.

Are there other reports present, please?

Is there other business to be brought before the House?

If there is no further business, if there are no other reports to be made at this time, is there a motion to adjourn?

(Motion to adjourn was made, seconded, put to a vote and carried.)

(Meeting adjourned at 10:15 o'clock p.m.)

GENERAL SESSION

THURSDAY MORNING SESSION

The Ninety-Fourth Anniversary Meeting of the North Carolina Dental Society was called to order Thursday, May 18, 1950, at 9:15 o'clock a.m. in the Main Ballroom of the Carolina Hotel, Pinehurst, North Carolina, Walter T. McFall, D.D.S., President of the Society, Presiding.

PRESIDENT McFALL: Ladies and gentlemen, will the Ninety-Fourth Anniversary Meeting of the North Carolina Dental Society please come to order.

I will ask each of you to stand as we have the invocation by the Rev. T. J. Whitehead of Page Memorial Methodist Church of Aberdeen.

REV. WHITEHEAD: Let us pray: Almighty God, our Heavenly Father, we thank Thee for the high privileges of life. We thank Thee for the opportunity of service. As we come together, we can reach that opportunity by study.

Sharing the experience of life, may we be led by Thee, O great giver of every good and perfect gift and insight. We thank Thee for the light moments of fellowship, for the privilege of renewing friendships made in days gone by, for making new friends and sharing together with these friendships the richer, the fuller life, spiritually.

We thank Thee, our Heavenly Father, for the testimony that Thou dost bring to us in this beautiful country of Thy loving care. May the scenery of its sandhills speak to us of the Creator who doth all things well.

Bless, we pray Thee, this organization, the President and all associated with him in leadership. Bless every member. Bless the great work that they are doing in ministry to the people who are in need. May they in their humanitarian efforts and their service for Thee find ways of enlarging that service for the betterment of mankind.

So bless us together in Jesus' Name, we pray. Amen.

PRESIDENT McFALL: Thank you, Mr. Whitehead.

Many of us, from year to year, look forward to our visits again to beautiful Hotel Carolina in Pinehurst. We wouldn't feel that we had had another meeting unless we came to the Carolina and unless we had a genuine sincere address of welcome by the gentleman who is President of Pinehurst, Inc., Mr. Richard S. Tufts.

We are delighted to have Mr. Tufts with us to again extend greetings and welcome.

MR. TUFFS: Dr. McFall, members of the North Carolina Dental Society:

I don't know whether you know it or not, but you are one of the favorites among all the groups that we have the pleasure and privilege of entertaining from year to year.

As an example of why it is true, I want to mention to you that last night I was the guest at a little dinner following the Golf Tournament, and we had a wonderful time. We sat around, talked about the game of golf, and after the dinner was over, I had the privilege of presenting the prizes to the winners. As I did so, I couldn't help but think what a wonderful thing it was to be a dentist and get together and enjoy yourselves as you do every year when you come here.

As a further example, you have a wonderful President.

I want to read to you a letter that he wrote to me inviting me to be with you today. When I read it, you will wonder whether he is welcoming me or I am welcoming you.

"As we contemplate our meeting, it just would not get off to a good start if we did not have you to come and tell us what a fine city you represent, how you were barely able, by the skin of your teeth, to get us in as the last, but decidedly the best of all meetings to Pinehurst.

"We will eagerly look forward to your words of welcome, to your genial good company and to our visit to your city again."

Isn't that a wonderful letter? It certainly makes you feel good to get such a nice letter. I feel I ought to be inspired to reply in kind to such a letter, but unfortunately I have my limitations in that direction, and I recognize them.

I am a little bit like the story of an Irishman who had a very generous life. His behavior had not always been the best. As he grew old, the Priest came to visit with him to inquire as to the health of his soul. He said to him, "Pat, are you ready to accept the Lord and to renounce the devil?" He said, "Father, there is no question about that first point you bring up, but as to the second, don't you think, in view of my past life, it would be just a little bit risky?" (Laughter.)

I do, however, want to leave one idea with you. We feel that we are very fortunate in having the opportunity of providing this place for you to come and meet and to find a little relaxation. In the troubled times that exist today, I am sure that you all have your problems just as all the rest of us do, and I think it is wonderful to think that you can come here, discuss your problems, find the solution for the benefit of your members and for the benefit of those whom you serve.

Dr. McFall, it has been a pleasure to be with you. I hope if there is anything at all that we can do to be of service to you while you are here, that you will not hesitate to let us know.

May I wish you a most successful meeting.

PRESIDENT McFALL: Thank you so much, Mr. Tufts.

We meant what we wrote, Mr. Tufts, and we do appreciate this sincere address of welcome.

One of our members down on the Coast who does dentistry well and other things for a hobby "weller," is going to make the response for the North Carolina Dental Society—Dr. Darden Eure, from Morehead City.

DR. EURE: Mr. President, Mr. Tufts, members of the North Carolina Dental Society, guests and friends:

You are very kind, Mr. Tufts, to suggest that we are among your favorite guests. We are pleased at that.

I came in just a little early, and two of your meetings had just adjourned. They were having the last banquet. It so happened that one was a meeting of salesmen and the other was a ministerial association.

The chef at this particular banquet was serving his most prized dessert, but to make it more prized for the salesmen, he offered his spiked watermelon. In the confusion, he noticed towards the end that the watermelon that was spiked had been sent to the ministerial group and that of the plain was sent to the salesmen.

He immediately asked his head waiter to go to the ministerial group and find out just what had happened. The waiter came back and said, "They have eaten it all." Immediately he said, "Well, what did they do? What did they say?" He said, "They said nothing. They were just counting the seeds and putting them in their pockets." (Laughter.)

So, Mr. Tufts, for these years we continue to select those seeds and take them back with us.

It is wonderful to renew acquaintances and to make new friendships, and certainly it is wonderful to have these few days of relaxation and freedom. Then, too, we certainly think it is our duty to improve ourselves just a little so that we might return to our respective locations being just a little bit better able to promote health to the individuals with whom we come in contact day by day.

Mr. Tufts, we feel that the opportunity is here to make this possible. We are grateful to you. Thank you.

PRESIDENT McFALL: Thank you, Dr. Eure.

At this time, we are going to change the program just briefly and ask that Dr. Victor Bell, as Chairman of our Necrology Committee, have his memorial service, if he will, please.

DR. BELL: Mr. President, members of the North Carolina Dental Society, and guests. At this time we pause for a few minutes to pay tribute to those among our number who since our last meeting have passed on into "The Great Beyond." As we pay our last respects to those that rest in Eternal Sleep we are comforted by the words of Jesus when He said, "come unto me all ye that are heavily laden and I will give thee rest."

In paying homage to these Noble Souls we keep the chain unbroken to honor and show our appreciation for their labors and contributions to mankind and our profession.

We can also pay them true tribute by carrying on their work and high ideals for which they labored.

Dr. Robert Douglas Jennings, Banner Elk
Dr. J. B. Little, Newton
Dr. J. Malcolm Neel, Salisbury
Dr. Henry L. Parker, Pollocksville
Dr. James Clairborne Pennington, Thomasville
Dr. Harry L. Robertson, Cliffside
Dr. Thomas Sidney Wilson, Draper

Most Merciful Father, who has been pleased to take unto thyself the souls of these thy servants, Grant to us who are still in our pilgrimage, and who walk yet by faith, that by having served thee with Constancy on earth, we may be joined here-after with Thy blessed Saints in glory everlasting, through Jesus Christ our Lord. Amen.

Taps sounded by Michael Lewis, Aberdeen, N. C.—Victor A. Bell—Chairman.

ROBERT DOUGLAS JENNINGS, D.D.S.

1863-1950

Dr. Robert Douglas Jennings of Banner Elk, died Wednesday February 1st. after a brief illness. Dr. Jennings was 87 years of age and believed to be the oldest practicing dentist in North Carolina.

When he was a small boy his father, the late Franklin Jennings, moved his family from Rutherford County to Conover, N. C. He received his early education in Concordia College under the leadership of Dr. R. A. Yoder of the Tennessee Synod of the Lutheran Church and later entered Vanderbilt University in Nashville, Tenn. Following his graduation from Vanderbilt he began his practice in Lincoln County, and fifty two years ago located in Banner Elk N. C. In 1917 he went to Atlanta, Ga., for a special course at the old Atlanta Dental College. (now Emory University.)

Realizing the need of a dentist in Conover, N. C., Dr. Jennings made periodical visits there to render dental services to those in need, bringing with him the big red plush chair and the long handle instruments with the "burr" end which were a far cry from the modern dental instruments of today. Conover residents who recall his visits appreciated his visits at that time.

Hickory was eight muddy miles away with eight railroad crossings between and horses the only method of transportation beside trains which were not always on schedule in those days. Newton was considered almost as inaccessible. Dr. Little was practicing there and Drs. Marier and Lowenstein were located in Hickory. Dr. Jennings was Conover's first dentist, and not until Dr. Borden Drum located there a few years ago was there another.

He was married to the former Miss Margaret Abernathy who died in 1930. Surviving are two sons, E. Preston Jennings of Elizabethton, Tenn., and R. Edward Jennings of Banner Elk, N. C., one daughter, Mrs. Claude H. Helms of Morganton, N. C., twenty-six grandchildren and eighteen great-grandchildren.—Respectfully submitted Borden Drum.

J. B. LITTLE, D.D.S.

1857-1949

Dr. Little was born near Monroe during the reconstruction area, son of Jacob S. and Hannah McNeeley Little, prominent citizens of that section. Dr. Little attended Rutherford College. He studied his profession and remained in the offices of Drs. Traywick and Stephenson for five years, was licensed in 1888 to practice, took special training under Dr. Thomas P. Hinman, Atlanta, Ga.

Shortly after his marriage to Miss Sarah Alice Abernethy of Kings Mountain, he came to practice in Newton. In 1919 he moved to Hickory.

Dr. Little was an active member in the District, State and American Dental Association, also a member of the First Methodist Church, a mason, and a shiner. Our State Bulletin a few years ago gave him the page of honor.

His hobbies—gardening and fishing. He very much enjoyed the “Band” of which he was a member in his younger days.

My close association with “Dad” as we boys called him, has been an inspiration to me and all he came in contact. His quick wit and jovial gentlemanly manner, his good advice to the younger boys was always appreciated.

I know of no one who was more loyal to his Master, his church, his profession and his many friends. From these come praise for a man who has been so useful to so many for so long—Dr. A. D. Abernethy, Sr.

J. MALCOLM NEEL, D.D.S.

1879-1950

Dr. J. Malcolm Neel, of Salisbury, N. C., died April 13, 1950 as the result of an automobile accident which he was in on Sunday, April 9th near Granite Quarry, N. C.

Dr. Neel was a native of Forrest City, Ark., where he was born January 13, 1879.

He received his dental education at the University of Tennessee and practiced in Tennessee for six years before coming to Salisbury.

Dr. Neel was the dean of the practicing dentist in Salisbury at the time of his death. He had served several times as president of the Rowan County Dental Society and was a member of the American Dental Association.

He was a member of the Associated Reformed Presbyterian Church. The Andrew Jackson Lodge; Ancient Free and Accepted Masons and the local company of the Spanish American War Veterans.

Dr. Neel moved to Maxton, N. C., in 1940, because of his health, but returned to Salisbury shortly thereafter to resume his practice which he practiced until his death. His total years of practicing in Salisbury were 36 years.

Surviving are his widow, Mrs. Minnie Glenn Neel; one son, J. Malcolm Neel of Salisbury; four daughters, Mrs. Clara May Cox and Mrs. Edith Gardner of Salisbury, Mrs. Mary Louise Brickey of New Rochelle, N. Y., and Mrs. Mabel Atkinson of Belheim, S. C., three brothers, Ashbel, Blanton, and Lyman Neel, all of Arkansas; one sister, Mrs. Lela Neel Gray of Forrest City, Ark.

Dr. Neel's funeral was held from the Associated Reformed Presbyterian Church, conducted by Dr. Sidney A. Gates. He was buried in the Chestnut Hill Cemetery, Salisbury, N. C.

"Be thou faithful, faithful to God whose we are,

Faithful to the people who have been committed to our trust,

Be thou faithful unto death and I will give thee a crown of life."

—Frank W. Kirk.

HENRY L. PARKER, D.D.S.

1873-1949

Born October 7, 1873. Graduated from Southern Medical College—Dental Department in Atlanta, Georgia, class of 1897-98. He was the only North Carolina member of his class.

Dr. Parker began his practice in New Bern, North Carolina, over fifty years ago with his brother, the late Dr. Z. V. Parker. He then practiced in LaGrange, North Carolina and last in Pollocksville, N. C.

A Mason and member of the Pollocksville Lodge, Dr. Parker was highly regarded by the people of that city and surrounding communities. He was a prominent member of the First Baptist Church in Pollocksville.

Son of the late John C. and Zilpha Hardy Parker of Lenoir County, Dr. Parker was born near LaGrange. He married the former Eugenia Ward.

Surviving besides the widow are a daughter, Miss Ruth Parker; four sons, William Henry Parker, Ward D. Parker, John M. Parker, and Roger D. Parker, all of Pollocksville; two brothers, Burl Parker and Herman A. Parker of Pollocksville.

JAMES CLAIRBORNE PENNINGTON, D.D.S.

1907-1949

Dr. James Clairborne Pennington died August 19, 1949 at his home, 212 Colonial Drive, Thomasville, N. C., following an illness of several months.

Dr. Pennington was born in Spencer, N. C., May 16, 1907. He was the son of the late John Clairborne Pennington and Etta Earp Pennington. He was married to the former Miss Katherine Kyser on May 22, 1937.

Dr. Pennington is survived by his wife, a son James Clairborne Pennington, Jr., and two daughters, Susan Earp Pennington, and Virginia Kyser Pennington; a brother, J. Glenn Pennington; a sister, Mrs. Edwin Holman of Atlanta, Ga.; and his stepmother, Mrs. John Pennington of Thomasville.

Dr. Pennington was prominently identified in Thomasville where he practiced his profession until his death. He was a member of the Official Board of Memorial Methodist Church. A charter member and past president of the Thomasville Lions Club, the immediate past president of the Davidson County Dental Society; at one time a member of the City Council of Thomasville; an Alumnus of Duke University where he was a member of the Kappa Fraternity there; and he was a graduate of the Dental School of the Medical College of Virginia.

As a professional man, a church man, and citizen he rendered a high type of service. He loved and enjoyed his fellow men and he was loved by them.

Closest to his heart was his family and home. He was a devoted, unselfish and tireless worker toward making life more beautiful for those whom he loved.

"Only the Master shall praise us,
And only the Master shall blame;
And none shall work for money,
And none shall work for fame;
But each for the joy of working,
And each in his separate star
Shall paint the thing as he see it
For the God of the things as they are."

Frank W. Kirk.

HARRY L. ROBERTSON, D.D.S.

1897-1950

Dr. Harry L. Robertson, long time practicing dentist in Cliffside, North Carolina, passed away in the Martin Memorial Hospital in Mount Airy, North Carolina on January 28, 1950 as the result of injuries received in an automobile accident on January 15, 1950. He had been in ill health for several years and in 1948 had retired from a busy practice to return to his childhood home in White Plains, North Carolina.

Dr. Robertson was born in White Plains on November 24, 1897, the son of Lottie M. Robertson and the late Charles L. Robertson. After attending the White Plains school, he attended Guilford College and later graduated from the Atlanta Southern Dental College in Atlanta, Ga., a member of the class of 1924.

In 1925 he opened his office in Cliffside, North Carolina where he engaged in a busy career until his retirement two years ago. In addition to his profession, he was active in many civic affairs of the county and the community. He helped in the organization of the Lions Club of Cliffside, was an active member of the Methodist Church, was a Mason and a Shriner. He was instrumental in the organization of the Rutherford County Dental Society and remained active throughout his career.

Surviving is his wife, the former Miss Ruth Finch of Guilford College, whom he married July 22, 1926. He is also survived by his mother, with whom he was making his home in White Plains at the time of his death, and four brothers and two sisters. Interment took place in the cemetery of the White Plains Quaker Church on January 30, 1950.—C. S. McCall.

THOMAS SIDNEY WILSON, D.D.S.

-1949

Although there have been few, if any, more skilled dentists in this section of North Carolina than Thomas Sidney Wilson, he is perhaps best remembered as Draper's Public Spirited Citizen Number I, rather than anything else. In his lifetime no worthy cause ever failed to interest him intensely.

Another reason why he worked and constantly to make his corner of earth a better place in which to live was that it was really home to him. Born in Madison, Rockingham County, he spent almost his entire life within a few miles of the home where he was born.

His parents, Thomas Franklin Wilson and Elizabeth Matthews Wilson, reared a grand group of children, of whom Thomas was the fourth son. He attended Whitsett Institute in Guilford County, then he went to the University of Maryland where he graduated with the class of 1919.

Following graduation he began the practice of dentistry in Leaksville, only a few miles from his birthplace. From there he moved to Draper where the best years of his life were spent and where he married the woman who was to become his strongest bulwark when he most needed one, Lou Gregory Wilson.

Little need be added of the success he made in his chosen profession. One instinctively thought of Dr. Wilson when one thought of dentistry. But volumes could be written of his outstanding work in the field of civic work, of his sincere interest in his fellow man.

Outside of his home and profession Dr. Wilson had three loves: horses, sports, people. In a way he was a promoter. He helped to form the Rotary Club in Draper and served as its first president. He was active in the Y's Men Club, in the Kiwanis Club of Leaksville, and in the Textile Bowl for the promotion of industrial sports.

As president of the Rockingham County Horse Show Association he was largely responsible for the great success it now enjoys. His greatest joy and personal fame came as president of the Bi-State Baseball League and as president of the Carolina League, and for Dr. Wilson himself a fine baseball player, was intensely interested in the community and foresaw the good that professional baseball could bring. It is not generally known but Dr. Wilson, alone, saved the Bi-State League from an untimely demise.

As a member of the Draper Methodist Church he gave the same love and loyalty that he gave to everything else he came in touch with. Today Draper is an incorporated city, the youngest one in North Carolina. We read of the officials who are making history in that town. But behind the scenes, the real "power behind the throne" is the spirit of Thomas S. Wilson, who worked so hard and so long to bring about this change in the town that he loved and in which he lived and labored.

Draper and Rockingham County and the dental profession in general owe a great debt of gratitude to him—a debt that will grow larger as time reveals the result of his work.

PRESIDENT McFALL: Thank you, Dr. Bell, and Mike Lewis.

At this time, I will ask Dr. Walter Branham, the Vice-President of the North Carolina Dental Society, to take the President's Chair.

VICE-PRESIDENT BRANHAM: Fellow members of the North Carolina Dental Society, ladies and guests:

It gives me a great deal of pleasure to present to you the President of the North Carolina Dental Society, who at this time will give his Presidential address. Dr. Walter McFall.

DR. WALTER T. McFALL: No man who has not stood in the responsible position which I find myself at this moment can possibly realize the depth of my innate feelings and the sincere intensity of my emotions, as I look into the faces and hearts of you men and women who represent a great profession in North Carolina and all over our nation, Dentistry.

For two years I have striven with every natural endowment to merit the mantle of leadership this high office demands for this splendid North Carolina Dental Society. I pray God I may have proven myself worthy of your confidence, support, loyalty and co-operation. In my heart today is an unusual combination of humility and pride. Humility because this is our ninety-fourth annual meeting, how much all of us owe to those who labored and served and sacrificed before us; to give us this organization down through the years, unsullied, useful, dignified and of service to its day and generation. Pride because of all you officers, the executive committee, the forty committee chairmen and all their committeemen, the district officers of last year and this year, and you, and you and all of you. None of us is unmindful of the great good the whole individual member does and has done this year; of you friends who come to us as essayists, clinicians, of the auxillary workers, our dental hygienists, yes, dental

assistants, dental secretaries; commercial and allied associates; pride because all working together, I am not ashamed of your accomplishments, achievements and services to our people and our obligations and responsibilities.

May I welcome you one and all to the ninety-fourth anniversary meeting of the North Carolina Dental Society. We are glad that you could come again; that you have brought your families, your friends and associates. We want you to enjoy it and benefit from the meeting. The program is practical, helpful and down-to-earth as well as informative, interesting and inspirational. The exhibits are brought to you after much planning, expense and are as appealing, interesting and modern as a new day. Patronize them all of you, please? The hospitality and entertainment and recreation and fellowship are unsurpassed, relaxing and cheerful. If you don't see or know where to get what you want and came for, ask for it. It's all here.

During the past twelve months your officers have served you to the best of their several abilities and have worked together for your good. Greetings have been extended in your behalf to the North Carolina Congress of Parents and Teachers, Medical Society, Pharmaceutical Association, Educational Association, Public Health Association, Health Council, Board of Dental Examiners, Nurses Association, Dental Laboratory Association and other outstanding sister groups working together with us on a state level in North Carolina. We appreciate our allies in the healing arts and welfare services of our day for dentists are friendly, co-operative and good citizens everywhere. Serving also as President of the National Conference of State Dental Officers of the American Dental Association throughout all of immediate past presidents of A.D.A. Dr. Clyde Minges' excellent and outstanding administration, your president was speaker before some nineteen different state and national groups larger than our own membership. This has not been my year, but OUR YEAR. Four ad Interim meetings of the North Carolina Dental Society have been held with the Executive Committee in Greensboro, Charlotte, Raleigh, Pinehurst and again with our first meeting of the House of Delegates here last night. We have heard tentative and progress reports from nearly everyone of our forty committees and others. Every District Officer, every Committee Chairman has been written and personally contacted so the fine work done by each could be shared and thrilled over, by all.

If we were to name each and everyone whom I should today praise and thank, I would have to call the roll, yes, and go far beyond the borders of our state, for having practiced in South Carolina, Georgia, Tennessee and North Carolina, I owe so very, very much to so very, very many for I am not a self made man. Dentist everywhere have helped me more than words could ever tell. To you essayists, clinicians and guests speakers; to you visitors, friends, members of our families, to all of you folks who love and believe in dentistry, what it is, can, and will continue to be—Thank you. Thank you everyone, thank you all.

North Carolina always presents strong District and State Scientific Programs. Yes, we take our profession seriously and sincerely yearn to improve our skills, knowledge and abilities. More than One Fourth of our

membership availed themselves of the excellent Illinois Post Graduate Telephone course given from October through last month. Another One Fourth of our membership are actively engaged in monthly study club courses. Our Post Graduate Extension course committee sent questionnaires to every member of our group and offered suggestions as to any desirable specific course to be given by any especially requested lecturer or teacher. The demand for these courses on a P. G. Extension level from the University of North Carolina this year did not receive sufficient support to warrant our committee and the Society projecting them this year. At all national specialization, sectional and outstanding PG seminars all over our nation, North Carolina dentists are present. We love our profession and we love one another for we are more than 108% on our ADA Relief Fund so far this year. Our Insurance committee constantly works and studies to help protect our members and their families and Mr. Crumpton has truly rendered us a service above and beyond duty and responsibility.

Being the largest State Dental Society in the Southeastern United States, we must eternally work to do, not only our part, but our dead level most. We have been organized for Ninety-Four years; "Lives of great men all remind us. We can make our lives sublime." The strength of dentistry, yeah, of all life and human security itself, is not on an international, national or state level YET. Our main strength is on a local level. What do the people of our community desire or want? It is what the politicians tell or promise them they ought to have or do they want the same fine professional services such as you and you and each of you daily give to your clientele and friends? Dentistry as a profession and dentists as individuals not only MUST answer these and other important queries the public daily asks, but they must satisfactorily answer them in such a manner that no one can doubt our honest and sincere position and service. Yes, as dentists, as men and women who love and believe in our dental progress and profession, everyone of us daily answers many questions the public is asking and is continuing to ask either consciously or unconsciously of us. To be sure there are troublous times, trying our patience and our souls, but all of us can and must answer this challenge which comes to us as we daily do our job, now. This world is seething with problems greater than human statesmanship seems able to solve. "Oh for an Isaiah or a St. Paul" moans Mr. Truman, "to awaken this sick world to its responsibilities." Frankly, I do not think we need these good men of old if each of us does what he should. I've always felt that if North Carolina ever takes its rightful place "in the sun," it will not be because of what someone, somewhere else does for us; not because of legislative enactment in Raleigh, Washington or from our representatives from all over the world in our United Nations Council; I believe the only people who can do what needs to be done in North Carolina, are folks like you and me; those of us who live and work here; who realize and know so well the needs of our several communities and are anxious to do something about it all. Yes, I believe the only people who can help or hurt dentistry are DENTISTS and those associated with us in this grand profession. This advance depends upon a person-by-person rediscovery; by the community-by-community determination to do its own job. It is not a lack of economic, political or diplomatic implements that makes the future threaten-

ing and confusing. It is the democratic lack beginning with the daily practices of God-fearing, freedom-loving peoples. My, "my how God must hate men seeing wrong who cry that all is well."

We will be here three busy days studying, planning, inquiring, reasoning and seeing what the other fellow is doing in method, technique and better professional services for the public. North Carolina has pioneered in many excellent projects; especially in Dental Education, Social Relationships, Public Health, PG Extension Courses and many other splendid endeavors. We should go back to our offices and respective cities asking ourselves, What am I doing in my town, city or county to make health the reality it can become? How can I make my dental profession better serve the boys and girls, the men and women of my day an generation? Dentistry and dentists must teach, educate, inform quite as well as fill, pull, clean and restore teeth. Surely all of us realize we need more know-how, more of proven and scientific facts, but my fellow members and friends, we also need courage of our convictions, cooperation and lots and lots of hard work by sincere, honest individuals on a local level. "One strong unselfish soul in a community would redeem the world." (Hubbard) "Thou shalt be served by every sense of service thou renderest." (Browning.) "We would have inward peace but will not look within" (Arnold). I know of no profesinal group finer, more unselfish or more useful than dentists. What does make you be your best self? Isn't it nearly always a rather intangible, unseeable source? But aren't you ALWAYS sure it is there? Yes, we need patriotism, but vastly more than narrow nationalism. "A man should be proud of the place in which he lives and he should live there in such a manner the place can be proud of him" (Lincoln). It requires a lot of patriotism to make your town or social group or profession right when you know it is wrong. We must want the most and best for every man, woman and child everywhere in the world, and we must do more than just wishful thinking. "My country is the world; humankind are my brothers."—Wm. L. Garrison.

Fellowship and friendship mean much to us in North Carolina. We count on one another. We do not let each other down. "A friend is a person who helps you be your best self." We are Doctors of Dental Surgery. Professional men and women with responsibility and obligations. Sure it's loving your neighbor as yourself, but it's more than all this too, for it is truly a sincere service above self. Our code of Ethics works. Our Ethics Committee have never had to report but few infractions. We have no advertisers in North Carolina and we appreciate and support our State Board of Dental Examiners and statutes under which dentistry practices and gives its best to our people.

What do you owe to your patients, your colleagues, your family and children, your fellowman and yourself? It is building memorials more long lasting than marble, brass or other material things. We will be remembered in our Necrology Committee report for what we were and tried to do, not for what we had, knew or acquired.

Everyone craves approval, encouragement, a pat on the back as he daily does his most and best. Success is not making a killing financially, getting somewhere as we say, but its, "Doing your work the best you can, and

being just to your fellowman; its making money but holding friends, and staying true to your aims and ends. It's figuring how and learning why, and knowing where the pitfalls lie. It's dreaming a little and doing much; its always keeping in closest touch with what is finest in word or deed; its being thorough but making speed; it's daring blithely the field of chance with making labor a brave romance. It's going onward despite defeat; and fighting staunchly, but keeping sweet. It's being clean and playing fair; its laughing lightly at dame despair. It's looking up at the stars above and drinking deeply of life and love. It's making better this good old earth, its sharing sorrow, work and mirth. It's serving, striving through strain and stress; it's doing your noblest—THAT'S SUCCESS."

No one man or group can claim credit for the consummation and final opening of our School of Dentistry at the University of North Carolina, Chapel Hill. The North Carolina Dental Society felt keenly the urgent and imperative need for this great addition to our normal health increment and implementing. Many of us in the North Carolina Dental Society graduated from other dental colleges or schools of dentistry, but surely we must each and everyone now consider that the School of Dentistry at Chapel Hill is **our school**, our Alma Mater, for all of us had a part in bringing it into service. The Dean and faculty of our new school in North Carolina has every reason to expect our endorsement and support. Our loyalty and co-operation must be demonstrated daily if our school is to do what we hope, pray, and plan for it to accomplish. The members of the North Carolina Dental Society had the necessary survey made and paid for it themselves. Our dental representatives in our legislature at Raleigh sponsored the bill creating this new school of Dentistry; and individuals and committees helped educate the public until final passage of the bill making our school a reality. The Dental College Advisory Committee has met often, regularly and painstakingly with the faculty and coordinating committee at Chapel Hill. Dr. Edward McGavran, Dean of the School of Public Health, has worked tirelessly with dentistry and is here with us today. Our first and new Dean of the School of Dentistry comes to us more recently from the Deanship of the University of Southern California, but he is not new to us as he taught for years at the Atlanta-Southern Dental College, now Emory University, School of Dentistry, Atlanta, Georgia. He served in World War II in Washington, D. C. as first assistant to the head of the Army Dental Corps. Dr. John C. Brauer, our Dean, is an author, editor, teacher, administrator, scholar and an internationally recognized specialist in dentistry. He has done general practice in a small town and city; taught in five dental schools where he served as professor and dean. He is a fine, upstanding, Christian gentleman; a man who loves his family, his profession and his friends. I know he will be a real inspiration to our boys and girls in the school of dentistry. John Brauer will make us all increasingly proud of our school and of his stewardship with us. Having known him for more than twenty years, I know him as a man, dentist, teacher, example and friend. Dr. Brauer welcome to North Carolina. Welcome to the North Carolina Dental Society. Call upon us as you need us. Know we are for you and our school of dentistry at our great University in Chapel Hill. We hope you and your family will be as happy here as we are delighted and happy to have you come and live amongst us.

This has been a busy and enjoyable year for all our officers; the Executive Committee, your Editor-Publisher, and all your committeemen. Our membership has grown and is increasing. We badly need a new Directory of our present membership with corrections, additions and modernization to date. Organizational activities like everything else cost money. We may soon need to again increase our dues on the state level as we have had to do in some of our districts and national levels, if we meet the increasing demands of compulsory health insurance or so-called state medical and dental services, (M-W-D Bills, etc.).

Several suggestions have been made by our members and committees. See the written reports of our many committee chairmen in our House of Delegates held last night and again today and all through this session. Some desire changes in our Constitution and By-Laws to conform to all changes recently enacted by the A. D. A. A number wish to have our annual elections held on the first instead of the second night of our annual meetings so we would have more attendance, enjoyment of our annual banquet, program, and entertainment. The manifold advantages of the State-wide Dental Workshop in our sister states of Georgia and Tennessee and elsewhere would certainly benefit and interest and stimulate our own membership not only on a state but also on a local level as well. The Medical Foundation of North Carolina offers us as individuals or as a group, splendid opportunities to do something really needful and eternally good. One of our most active and loyal members has already established a fund for some worthy boy or girl in North Carolina to receive financial aid to assist in obtaining a dental education. Who will follow this member's splendid example and generosity? The North Carolina Dental Laboratory Association and its fine members have given the North Carolina Dental Society every cooperation, assistance and support this year and at this meeting. Our Bulletin show you who these friends are and their exhibits are on the floor today. We pledge this group our support and cooperation on our state accreditation plan so capably handled and directed by Dr. C. C. Poindexter and the Prosthetic Dental Service Committee this year. We welcome the presence of the N. C. Hygienist Association with us today. Every sincere wish to you ladies for a good meeting. We sincerely appreciate your fine services in and for dentistry. God speed you in your scientific meetings and deliberations. Our N. C. Dental Ladies' Auxiliary will be perfected in organization at this meeting.

May I in conclusion express my sincere appreciation and gratitude to all of you who have made this such a good satisfying year. I wish to thank all the other officers, both state and district, the members of the executive committee chairmen and your committeemen. The program, state clinic, entertainment, arrangements, reception and housing committees have worked hard and long for our meeting. The testimonial committees has done well its assignment, bringing joy to all of us tomorrow night at our annual banquet. The exhibit, membership, publicity, and all special committees have made the year's achievements and accomplishments a reality. The House of Delegates began work last night and will continue with important and necessary details for today and through Saturday. To you past officers who have gone before us; to you future officers who follow us, we have tried to hold together all you gave us, to improve our

stewardship so that the North Carolina Dental Society may ever go on and upward making our people healthier, happier and more useful until this old war-crazy, sin-cursed world shall be pleasing not only to us but to the Father of all Mankind for:

"We are the guardians of a faith from which our glory came; And ours is a splendor truly one in which all people trust.

And we face this world as they who are great-hearted, kind and just. But he who fails to play his part in high or little place, Shames not himself alone, he brings disgrace upon his race."—L. H. Evans.

As Dr. Sandy Marks is doing so wonderful a work in the Congo—may we do more and more at home.

Thank you for all you've done for me, my family, my dreams and prayers. For your loyal cooperation, your friendly help and counsel. Your kindnesses and many courtesies I shall be eternally grateful.—Kipling's *L'Envoi*.

VICE-PRESIDENT BRANHAM: Thank you, Dr. McFall. I know that I express the sentiments of this entire group when I say that your message has been most instructive and enlightening.

At this time, I would like to appoint the following committee to report on the President's address:

Darden Eure, Chairman.

J. H. Guion.

S. P. Gay.

PRESIDENT McFALL: At this time I should like to briefly present two of our guests.

I went to dental school in 1919. Very early, I met a lady who has had a profound impression on my life. We know her as Mother Hill, Mrs. Delos L. Hill, who is a constant inspiration to me and to many of you boys who went to school in Atlanta. I am happy she is with us today.

Mrs. Hill, will you stand? (Applause.)

Then, there is another guest, a man who has had a profound influence on my life. He has taught me anything that I know about my specialty and many other things.

Are Dr. Oren Oliver and Mrs. Oliver in the house? (There was no response.) If not, he will be introduced later.

At this time it is my happy privilege to present the Chairman of our Medical-Dental Relationship Committee, Dr. Glenn L. Hooper, who will present the Fraternal Delegate from the Medical Society of North Carolina.

DR. HOOPER: President Walter, members of the North Carolina Dental Society and guests!

Pursuant to a custom started a few years ago between the Medical Society and the Dental Society of North Carolina, we have an interchange of greetings. A representative from the Dental Society appears before the annual meeting of the Medical Society, and vice versa.

This morning, it is my happy privilege to present to you the delegate from the North Carolina Medical Society.

I was thinking a few moments ago that if we were to search the roster of the Medical Society of the State, and select the man that we thought would be appropriate to appear here this morning, we could not have done better. The delegate from the Medical Society practices medicine in Sampson County, and has been there quite a few years. He is very active in the medical work in this State, is a member of the Medical Advisory Committee, of the Hospital Board of the State, was recently elected to serve as a member of the Examining Board for the Medical Society, and has served in several district offices.

He is very much interested in our profession. He works very closely with it. It is a pleasure to present to you this morning, Dr. Amos N. Johnson, of Garland.

GREETINGS FROM THE NORTH CAROLINA MEDICAL SOCIETY

AMOS N. JOHNSON, M.D.: It is a pleasure for me to bring greetings to you of the North Carolina Dental Society at this 94th session, from the members of the North Carolina Medical Society, who met in this same hall for our 96th annual session two weeks ago.

I am sure that a warm feeling of friendship exists between the individual members of each of our societies, and rightly this should be, as our professions are so closely allied in so many respects, not the least of which is our common fear of State, or socialized Medicine and Dentistry.

One very interesting and unusual coincidence occurs to me in thinking of the closeness of our associations. Your President, Dr. McFall and our past president, Dr. Westbrook Murphy, both attended the same college, graduated the same year, practice their profession in the same town, have offices on the same floor of the same building, were both elected president of their respective societies for the same year and are warm personal friends. Certainly for this past year at least, there should have been no serious misunderstandings between the top brass of our two societies.

In as much as all of us are particularly conscious of the effort now being put forth to socialize our professions, you might be interested to know briefly the latest action which we have taken to combat Socialized Medicine.

Realizing that the commodity which we have to offer is so essential and vital to every living American it was deemed necessary that we take a positive rather than a negative approach to the matter of Health Insurance. For some three years now a committee of doctors, under the very capable leadership of Dr. V. K. Hart of Charlotte, have devoted a lot of

study to this matter and submitted to us a plan of prepaid medical insurance which was approved almost unanimously at our State meeting just two weeks ago. In essence this plan is as follows: A corporation, The Medical Service Corporation, is to be set up by the State Medical Society. There will be twenty-one trustees of this corporation, fourteen of which are to be Medical Doctors and seven will be laymen. This group will set up complete fee schedules which will give complete coverage for surgery, obstetrics, medical care necessitating hospitalization and essential X-ray and laboratory work.

For reasons obvious, as yet there can be no prepaid coverage for office visits and home calls. This prepaid insurance will be marketed for this corporation by already established insurance organizations, probably Hospital Care and or Hospital Savings, or we hope, by merger of these two organizations. These companies will be paid probably 6% of the gross receipts for marketing this insurance and collecting premiums. The corporation will itself dispense its funds to the doctors of the state as per the established schedule.

This plan will offer full and complete coverage to all families with an income of \$3,600 or less at a cost of approximately \$3.50 per family per month. For individuals with an income of \$2,000 or less the cost will be approximately \$2.00 per month. This insurance will be available to all income brackets, however, those families of individuals who exceed the \$3,500 or \$2,000 income brackets, respectively, may be charged in excess of the fee schedule set up by the corporation at the discretion of the attending doctor.

By approving this plan, the doctors of the State, through their Medical Society, have entered the insurance field and are underwriting Complete Medical Care at the Premium Rate set out above. This represents quite an undertaking, however, we believe that this is the positive answer to Socialized Medicine. I hope that you have followed me in the brief outline of our plan of which we are very proud.

Again let me tell you it is a pleasure to greet you on behalf of the North Carolina State Medical Society and let all of us in the Medical Profession wish all of you Dentists many more years of unsocialized dental practice.

PRESIDENT McFALL: Thank you so much, Dr. Johnson. It is mighty good to have you.

Thank you, Dr. Hooper, for your presentation.

At this time we are going to hear some remarks from a person eminently capable of the new position which he now holds, an author, an editor, a minister, a perfectly beautiful public speaker, and a splendid fellow in every regard, Dr. Sylvester Green, Executive Vice-President of the Medical Foundation, Inc., of North Carolina, Chapel Hill.

We are so happy to have Dr. Green with us, and we will hear from him on the Medical Foundation at this time.

DR. GREEN: President McFall and ladies and gentlemen of the North Carolina Dental Society:

After this very gracious introduction by your extremely gracious and polished President, I feel very much at home because I heard him say so many things before he introduced me that are directly correlated in ideals, in philosophy, and in practice with the sort of things to which the Medical Foundation has dedicated itself.

Fearful that I may be literally carrying coals to Newcastle, may I remind you that the Medical Foundation of North Carolina came into being as a by-product of a very intelligent and a very vigorous effort to expand medical progress in North Carolina, and that when we use the term "medical" we are deliberately including all of the phases of service to the health of all the people of North Carolina.

There was what to many people appeared to be an organized effort on the part of people who believe in medical progress to impress upon the General Assemblies of North Carolina in the years 1945, 1947, and 1949 the immediate necessity for expanding the facilities provided in North Carolina. As a result of that organized effort which, with a certain degree of polished subtlety, was not called an organization, we have now in North Carolina, ready to begin operation next fall, a dental school. In addition, we have the authorization for the building of sufficient equipment to make the operation of the dental school what it should be.

Complementing that, we have the expansion of the two years medical school at the University of North Carolina until, in a few years, perhaps in the fall of 1952, it will become an operating four-year school, fully accredited and fully recognized.

Prior to the extension of the medical school to its full four years, there will be built and put in operation at Chapel Hill a general hospital of an excess of 400 beds with special facilities there in the field of tuberculosis, in the field of cancer, and in other specialized fields.

All of these things seem to be particularly significant, but they are being provided with tax money. These same people who realize that they were making a fight for the medical life of North Carolina, and thereby for the people of North Carolina, decided that there needed to be added something to this tax program and this tax supported pattern which I have described to you, that the tax money would be used primarily to create capital investments and to provide minimum operations. I think it is a perfectly good American theory, one which we would not despise, that there is a limit to which we may expect tax money to go. There may be a very definite limit, and I belong to the school of thought that accepts that theory, to which Federal money, State money and local tax money should be allowed to go and that beyond that point, those of us who are imbued with enthusiasm and a sense of responsibility for progress of the pattern feel that we should voluntarily do our part to supplement, to augment that which is provided through tax-supported funds.

Out of such logic, which I think is basic and which I think many others have thought basic across the years, came the Medical Foundation, a voluntarily established group, proposing within their hearts to establish

in North Carolina a depository that would receive funds from individuals, from corporations, from organizations, those funds to be dedicated to the progress of medical education, medical research, and medical services.

In the beginning this Foundation had as a core of its operational ideals the necessity and wisdom of providing comparable assistance to the Dental School of the State of North Carolina. That Dental School was established at Chapel Hill and will begin operations there in the fall, as you know, and will soon have its own buildings.

Now then, that, in a very definite way, it seems to me, ties the North Carolina Dental Society to the University of North Carolina.

What is the future, then, of this Medical Foundation as it relates to the progress of the Dental School? There will be needed in the Dental School many things which will not be possible through tax supported funds because of the limitations to which I have already made reference. Progress in the field of dental education is a specialized field—Progress in dental research, progress in dental services to various clinics and individuals around North Carolina.

It is, then, with the corresponding concept that there shall be established and perpetuated in North Carolina a part of the work of this Foundation, regardless of what name you may call it or how it may function, that will do these specific things for the field of dentistry and that will render dental education, dental research, and dental services to the people of North Carolina.

My privilege this morning is to assure you that this establishment of individuals is definitely dedicated to your participation and to service to your common deal and to assure you that the Medical Foundation's Board of Directors, including 134 distinguished laymen and professional people, including some laywomen in the group, are very much concerned that you shall appreciate this your organization, too.

To that end, we are ready to sit with a group of your people, whether they call themselves an advisory committee or whether they call themselves a board of control, whether they coordinate the effort in the existing Medical Foundation or establish a new Dental Foundation, whatever techniques or pattern it is, it makes no difference.

The thing that sets our hearts on fire is that there is a big task to do in North Carolina and that men and women of intelligence in your profession shall see with us and we shall all see together the vast opportunity to render a magnificent and unending and expanding service to all people of North Carolina. We are dedicated to their health, and you will teach us as we shall strive to serve you, all of us serving them to this great common end.

I envision for North Carolina rapid progress in the field of these great areas of interest which we share. To these areas of interest I not only have dedicated my own life, but I bring to you the personal dedication of all of these who work on the Foundation now, many of whom are of your profession, as well as the administration of the University of North

Carolina, that through that great nationally and internationally recognized institution, we may implement the ideals and ambitions, as well as the pattern of the great progress for the health of our people in the days that are ahead.

PRESIDENT McFALL: Thank you so much, Dr. Green. I am sure that I speak a coordinated cooperation to you and the great work you are doing.

Dr. Green will run interference and Charlie (Choo-Choo) Justice will carry the ball to success. I am sure that the Medical Foundation is on its way and that we will have a real part in doing the many things it planned and dreamed of doing.

At this point we are going to ask Dr. C. C. Poindexter to come forward and present our guests and visitors, as many as he can, as many will not be here until tonight, and some others will be presented then.

DR. POINDEXTER: Mr. President, ladies and gentlemen:

The job of presenting or introducing our out-of-State visitors at any meeting of the North Carolina dentists would be a pleasant one for any of its members. We find it difficult only in imparting to you in words our genuine welcome, our appreciation at your coming.

I would first like to recognize Dr. Bumgardner of Columbia, Past President of the South Carolina Dental Society, present Secretary of the Board of Dental Examiners, and a brother of the incoming President, Dr. Amos Bumgardner.

Dr. P. W. Harris, Past Secretary of the South Carolina Dental Society and member of the Board of Dental Examiners.

Dr. Guy Harrison, Past President of the Virginia State Dental Association.

Dr. William P. Drew, Past President of the Fourth District Dental Society of Brunswick, Georgia.

Dr. E. L. Banks, member of the faculty of the School of Dentistry, Emory University at Atlanta.

Captain E. N. Willard, Naval Base, South Carolina.

Dr. Leroy Ennis, member of the Board of Trustees of the American Dental Association, Past President, Pennsylvania State Dental Association, member of the faculty of the School of Dentistry of the University of Pennsylvania, in all probability the next President-Elect of the American Dental Association.

Dr. H. C. Jarvis, Chairman of the Membership Council, American Dental Association, Past President of the Ohio State Dental Society, past member of the Board of Dental Examiners.

Dr. H. B. Higgins, Past President, Spartanburg.

Dr. J. A. Broach, Past President of the Thomas P. Hinman Clinic at Atlanta.

Dr. Mark Burton, Past President, District of Columbia Dental Society, Washington.

Dr. Harry Mesjean, President of the Philadelphia County Dental Society, Philadelphia.

For a long time, the North Carolina Dental Society has had an official guest on the entertainment of out-of-State visitors. The Chairman of that committee this year is Dr. C. A. Pless. For your wants, desires, and needs, please ask Dr. Pless or any member of the Committee. I might say further, any member of the State Dental Society.

We wish to ask that you join with us in our serious technical phases of our meeting and rejoice with us in the few days of relaxation. As you return to your homes, I hope you carry at least a pleasant thought of your visit with us.

PRESIDENT McFALL: We are delighted to have each and every one of you ladies and gentlemen present.

Following our scientific paper, we will have greetings from our Trustee of the American Dental Association and then remarks from the President of the American Dental Association. We want each one of you to stay as long as you can. I know there are different meetings going on at the same time and some of you have other obligations, but those are our plans from here up until 1:00 o'clock. Then, of course, we will have Mr. Francis J. Garvey, who is Executive Secretary of our Legislative Council, who will speak.

It is rare that we have a man come to us who has been before each of the five Districts in the good State of North Carolina as essayist, clinician, good teacher, and friend, but it is our privilege now to have on the North Carolina Dental Society program as our first essayist of the day, Dr. John B. (Jack) LaDue, who has had every honor in his specialized group, who has served with distinction in his local, district, and State level in Illinois, and who comes to us as one of the best informed men on one of the most difficult subjects in our profession, prosthetic dentistry.

We are happy to have you, Jack, and we will thoroughly enjoy your lecture on "Principal Factors in Full Denture Service."

DR. LaDUE: Dr. McFall, members of the North Carolina Dental Society:

It goes without saying that I am very happy to be here. As a man gets older, they say he gets sentimental, reminiscent and loquacious. If I take my watch out, somebody will pull that crack that there is a calendar hanging right behind me.

I have a wonderful feeling regarding North Carolina. It is the only State in the United States where I have appeared before every dental district. I missed one in Michigan, one in Illinois, and one in Iowa. It is a great honor to have been invited, but a greater honor to have been asked to come back.

You know, the finest thing in the world is to have friends of whom every memory is a pleasant one. I wish I knew you all personally. There are only two kinds of people in the world—people you love and people you don't know.

The subject that I am presenting today has been one of interest to me beginning with 1913, when Dr. Gisi came to this country. I practiced dentistry for years. Some things I did well and some things I did not so good. The things we like best are the things we know most about. I made up my mind that I would try to learn something about one particular line, so I chose that which I liked the best, the full denture.

There has been a great deal of improvement in denture construction, denture service, and there have been many things put into that field which are of little or no moment. I have never been a stickler for technic because I think every man should use those things which work best in his hands.

There is no royal road to success. I am not a research man but merely a seeker of knowledge. The things that I have been able to learn have always been from someone who knew more than I did, and in the things that I am showing this morning, the only thing that is mine is personal application.

The principal factors of denture construction are not so many, but each is equally important. It is a series of details, and one detail is just as important as another. The most important, to begin with, is that of diagnosis—to know with which and what we have to deal, to examine thoroughly in every conceivable manner the conditions as presented, being sure that if there are things which would tend to limit our success, that those things are explained to the patient in language that he understands. It is so unfair to any patient with unfavorable conditions to expect service equal to that of someone who has a better series of conditions.

In our office we insist upon X-ray evidence, and we go through a thorough digital examination. We make and we mount them, we study the relation, and we also pay much attention to the psychological part of it, to get the mental frame of the patient.

As I say, we must explain to them in words that they understand the conditions that are present. After we have made our explanation, made our examination, and concluded our business arrangements (I am not giving a lecture on the business side of dentistry, but I believe that a thorough understanding should be had between the dentist and the patient: that eliminates a lot of unkindly feelings at times and those things should be discussed at a time when nobody has anything in particular invested), our next step, of course, is the procedure following it to complete our construction.

In the taking of impressions, there are many types of impressions. Again, I believe from a technical standpoint that a man should use those things which work best in his hands. There are many types of impressions. We have the compounds, the full compound impression, the compound and plaster method, the using of the zinc oxides, the wax, and

many others, but a great deal of decision regarding our impression is as the result of our diagnosis because there are so many types or models that won't take a certain type of impression. I don't believe there is any panacea, any one impression that fits all cases.

We have had introduced into dentistry certain types of impressions that have been described and pronounced panaceas, but I think that is just a fantasy, because a mouth with a certain amount of soft movable tissue is not enough to justify the surgical procedure of removing tissue. You don't want to use a modeling compound impression. You want to use an impression with a minimum of pressure tending to lessen displacement of tissue.

As I say, we have many types of impression, and there is no royal road to success.

After we have taken our impression and poured our cast—and that is a step that really means something—we work hard to get our borders. We want to have our denture a reproduction of our impression. We must make a cast that is a negative copy of our impression, over which our dentures are to be made, and our finished denture should be a reproduction of our impression.

Our next step, then, is the establishment of jaw relation. I would not think of making a set of dentures without a copy of the art tracing.

I am a charter member of the American Academy of Denture Prosthetics. It was formed in 1918 for the purpose of standardizing the construction of dentures. In the 32 years we have been in operation, we have had one agreement. That was the apex of the Gothic arch, centric relation. Once we get another agreement, we will let you know about that, too.

To Dr. Gisi we are indebted for the Gothic arch tracing. Due to the lack of conformity of the occlusal in different persons, there is in my opinion much variation in that type of registration.

To Dr. Charles A. Sybil, an old dentist in Michigan, we are indebted for the integral Gothic arch spacing. Dr. Sybil was the first man that ever showed it to me. Other men may have had the same idea, because it is possible.

We make our registration. I am not interested particularly in the eccentric relations. I want to get those from the jaw itself. We make our Gothic arch tracing, register the centric relation, the position and relation of the mandible to the maxilla, from which all movement starts. In a central occlusion is the maximum contact with the antagonized teeth. Balanced occlusion is a correlation of the antagonized teeth in such relation that when pressure is applied, when function is over and the teeth come into contact, there must be equalized pressure over all supporting tissues. Balanced occlusion does not come into play at all during the function. It is only when function is over and the teeth actually come into contact, do we find that balanced occlusion is necessary, and it certainly is necessary.

There have been volumes written on the registration of the condylar inclination. The only area in which condylar inclination plays a part is that of cusp height. The guiding factor of the movements of the mandible, until the teeth come into contact, is cusp height, and the maximum height of the cusp is two millimeters, which, in my opinion, is very, very light, very little movement. The head of the condyle moves the meniscus which in itself has some nobility.

I worked for years on everything that was introduced into dentistry. I finally contacted Charles Kettering, who is head of the Research Division of the General Motors, and, in my opinion, one of the smartest men that lives today. One of the first things he told me was that I could not apply exact mechanics to a foundation that was not constant. I don't think anybody here will argue that the foundation on which we place artificial dentures is a constant foundation.

I had the opportunity of being at a dinner party one night with a man who is an engineer, a member of one of our large construction companies which designs and constructs locomotives. I told him what I was trying to do. He said, "If we put as much of exact mechanics into the construction of locomotives as you are trying to put in artificial teeth, that locomotive would pound itself to pieces in a few thousand miles because of the instability of the roadbed on which the track is laid and upon which the engine travels, but we make up the instability in using universal joints."

So, I have decided the temperamental joint is a universal joint designed to compensate for the changes in man's tissue from the cradle to the grave.

In making our condylar registration, it is an impossibility for two men to make registrations and arrive at the same inclination because it would be rare indeed that two men would give the patient exactly the same vertical dimension. The change of dimension of a millimeter makes a change in the condylar registration. In fact, a few years ago, reverse curves were even described which were really only the result of closed relation with a lessened vertical dimension.

I want to take up articulators for a moment. We have the three types, the one dimensional, two dimensional, and three dimensional. The one dimensional, or plain-line type, as we choose to describe it, was invented about 1804. In 1840, Dr. Evans invented the first triculor designed to reproduce the mandible. He was followed by Dr. Christiansen, Dr. Snow, Dr. Hall, Mr. Hanna and many others in the field of two dimensional of the mandible to the maxilla because, working on the individual, there is inward and downward action to the head of the condyle which cannot be reproduced in a two dimensional articulator.

A German doctor is given credit for the first articulator, three dimensional articulator, with the condyle slots registered in compound. Due to the idiosyncrasies of that compound, their results were questionable. To Dr. John Lyons of Phoenix, Arizona, is given credit for the first three dimensional articulator with the condyle slots registered in metal. He was followed by Dr. Hall and Dr. Stanbury with a three dimensional arti-

culator capable of registering and maintaining in the articulator persistent relation, but it is a long way from position to movement. You cannot substitute cold steel for movable tissue.

I believe that an articulator which can reproduce the mandible movements and accommodate itself to the movements of the supporting tissue is a myth and deserves to be placed along with the Magic Carpet, the Holy Grail and the Fountain of Youth.

Discussing posterior tooth form, I believe that the greatest catastrophe that ever hapened was the introduction in general use of the deep cusp tooth. Visualize some patient who has come for dental service with practically a full complment of teeth with an inexorable amount of destruction by caries. These patients have had deep cusps, deep over-bites, and compensating curves. As the result of use, function, the cusp wore off the molars Vertical dimension his been lost. The mandible, being of a hinge type, as it loses its vertical dimension, advances, and as a result of that position, there has been compressive trauma of the antagonizing cusps of the anterior teeth and constant irirtation of the peridental membrane. It is a short step from inflammation to pus formation, and it doesn't take very long when that is reached to produce a well developed case of traumatic pyorrhea.

Still, there are men who today insist in placing that same type of teeth, twelve year dentitions, on mandibles of all types.

Since 1928, I have been a firm advocate and user of the cusplless type of tooth. Dr. Victor Sears in 1922 introduced the first cusplless tooth.

Back many years ago, (and this is where I come into the reminiscence) we used to extract teeth and let the patient go for a considerable period of time and then introduce a set of teeth on well healed jaws. Those were not deep cusp teeth and some of these people wore those dentures for many, many years. Of course, Dr. Rupert Hall has made an explanation of that. He said that nothing stood still—it either had to get better or worse. He said they couldn't get any worse, so they actually had to get better.

Nevertheless, we preserve tissue, and we may arrive at a centrally well balanced cusp tooth.

I believe that the theory cannot be applied to occlusion that anything that moves around a center must be spherical in principle. My hand describes the arc of a circle because it is moving around a center. If you want to go into deep geometry, we have two points of rotation and two concentric spheres that must coordinate, but that is a little above my head.

One movement of the mandible may be describing the arc of the circle, it may be a true arc, but we have thousands of movements of mastication at different centers. So, your end result must include composite circles peculiar to that particular jaw. It may be obtained from the jaw itself, in my opinion.

We come to the subject of the esthetic side. Esthetics is something that is rather hard to teach. There is much of the personal equation in it. What might appear beautiful to you might, in reverse, not appear beautiful to me.

But there are certain basic principles. There are three schools of art, the ancient, the modern, and the futuristic. The ancient school of art felt that everything that is beautiful derived directly from nature. The modern school feels that it is man's conception of the beauties of nature which form the basis. Then, there is a futuristic, which is rather hard to define, but, I am sorry to say, it is a hell of a futuristic art used in the construction of artificial teeth.

When we come to replace natural teeth by artificial, we are confronted with several problems. In the first place, natural teeth, having a blood supply, to a certain extent are systemic. There are different densities of material and enamel, there are highlights in natural teeth which are impossible to reproduce in artificial. The only way to compensate for that is to place each tooth in a slightly different plane of light, giving that tooth individuality and personality. I don't mean to do anything that will call attention to the teeth, because the height of art is to conceal art, and when one does something to a set of teeth that calls particular attention to them, you only increase the artificiality.

God Almighty did not give us teeth of the same depth of hue. A light tooth may be all right in front, but as it goes back, it must be of a more deep hue, the same hue but more deep. A light tooth may be all right in front, but as they go back in the dark cavity, by comparison they become much more apparent.

We say a colored person has such white teeth. Those same teeth placed in the mouth of a white person would be indeed too dark, but it is a comparison of the shades. You are up against a dark background. The lapel identification cards we are wearing show much more plainly on a dark suit than they do against a light suit.

I have a series of slides, and I want to repeat this more in detail. If I may have my slides and the screen, we will proceed with that.

I don't think there is any type of patient that presents more serious aspects or is entitled to more than the edentulous. These people are truly crippled, and the best we can give them is so slight in comparison with their own natural teeth.

(Slide No. 1.)

In the majority of cases, of course, we construct individual impression plates, and those are made of clear plastic. We take a snap impression, and remove the tray, getting what you might call a muscle-trim impression that is a little gross because it comes up for correction later. We pour a plaster cast and wax up our impression tray, taking it to our plate, and trim the borders so they are not interfering with the functional movements. We do this in a great many cases.

(Slide No. 2.)

The next slide shows the upper and lower clear impression trays, each of which have been trimmed on a position that does not interfere with functional movements, and those are extreme functional movements too.

(Slide No. 3.)

Each of them has a handle which makes the handling much easier. After we have trimmed our borders to the point where they are not interfering, in order to insert a minimum pressure in taking our impression, we place across the posterior border what might be called a minor posterior dam. of the carding wax, or counterwax, as we call it, which is the softest wax obtainable,—place that across, and have the patient swallow, adjusting it to our impression spread. In the area of the cuspids we place two little balls of this same wax so that when we introduce our impression wax with our plastic material, with which we are going to complete our impression, we exert a minimum of pressure in all areas except over these soft wax areas, and in my opinion that is about a minimum of pressure as can be applied.

(Slide No. 4.)

This shows the lower, which has been handled in much the same manner, placing the counterwax across the posterior border and the two little balls in the area of the cuspids. Again, when we exert the impression, in order to take our impression, we apply a minimum amount of pressure to complete that impression, displacing as little tissue as possible.

(Slide No. 5.)

The next slide shows the different types. We trim our tray to suitable positions, and place a thicker piece of wafer compound in there. It demonstrates a little easier. We take a brush and we adapt that, brushing rapidly over it because we do not want to melt the compound, and it will adapt to that tray. We place that in hot water and place it in the patient's mouth and secure an excellent impression.

(Slide No. 6.)

The next slide shows the type of impression where we use a compound impression, and in many instances we use this type. We select a metal tray suitable in size to the patient. We use a sufficient amount of modeling compound, and we can use red or you may use black or white, whatever you prefer. Then, remove it from the mouth, chill it thoroughly and trim to a nice edge entirely around the periphery. This we replace section by section, holding it firmly, having the patient open as far as possible. I do not massage the skin or pull the teeth down because when I do, I introduce something into that which has nothing to do with the fitting of the denture.

After we have trimmed the periphery by functional movements and trimmed the border to the correct position, then it has to be placed back on the soft palate. We have the patient say "Ah," which is an extreme

movement. If you wish, you may trace across the outer line or define the outer line of the immovable tissue. There is always a line of demarcation between the movable and immovable. If we place it back too far, there will be a vibration of the soft palate. Then we mix a sufficient amount of our plastic material, if we were using it as a base. There are lots of men who take wonderful impressions in plaster, and occasionally we do. There is a plaster gum which has had a gum added to the plaster, and many men get a lot of success with that. As I say, I am not a stickler for techniques.

Then, we set it with a firm pressure in the palatal area, have the patient open the mouth as far as possible, draw the lips down and remove the pressure, getting a rebound into a normal position of that tissue.

We used to talk about compression of tissue, but we decided we don't compress it much—we merely are displacing it.

(Slide No. 7.)

We again select a tray of suitable size, sufficient amount of compound, take what we call a snap impression, remove it from the mouth, chill it and trim it to a nice edge entirely around the entire periphery. We put it in section by section in the patient's mouth, first having the patient open as far as possible, draw the lower lip up along the base of the ascending ramus, keep the area open, and have the patient produce the tongue. In my opinion, that is the most stabilizing factor in the position of the lower dentures.

The thing, from a surgical standpoint, that retains the dentures is the adhesion of the saliva to the tissues of the mouth, the adhesion of the saliva to the denture, and the cohesion of the molecules of the saliva, one with the other, and then the changes in the atmospheric pressure which are not brought into play until an attempt is made to dislodge the dentures. I illustrated it to patients by telling them about the times when we were kids when we used to take a little bottle and suck the air out of it, and if we placed a pinhole in it, it immediately would cause the semi-vacuum to disappear and the bottle would drop. So it is with a denture.

We find there is formed under the denture a semi-vacuum which, when pressure is removed, has a tendency to recede to its original position.

When it comes to stability, the functional stability, the lower denture has it all over an upper. The upper is built around a curve and has a split which is practically impossible to eliminate. The lower has two flanges which are more or less parallel. So, in functional movements—I am not talking about suction, just talking about resistance to functional movement—the lower is more stable, under pressure, than is the upper.

(Slide No. 8.)

The next slide shows the matching of the impression. We place it on a glassed slab and use artist's modeling clay. It gives us a flange, preserves our entire periphery, and gives us an opportunity to reproduce our impression.

So many impressions are taken that take everything in from the mandible clear up to the orbit, and it would be an impossibility to maintain a denture over all that area, so we have to trim it more or less arbitrarily. With a well taken impression, we have an excellent opportunity to reproduce.

(Slide No. 9.)

The next slide shows the boxed impression surrounded with a lead strip and the wax band around it. We vibrate our cast material into it.

(Slide No. 10)

The next slide shows the construction of our occlusal rims. We adapt it, shape the upper and make our rim of compound. The lower rim is made entirely of compound. It is much easier to make a compound rim than it is wax, and it has much more stability.

We take it to the mouth and we trim the upper occlusal rim to the length and position we deem necessary. The lower is trimmed to the height giving us our desired vertical opening

I wish I knew how to tell you to get the correct vertical opening, but esthetics is the guiding factor and I get a great deal of it from measurements or photographs. Realize the photographs are taken of the patient in repose. We make those measurements and we measure from the tip of the chin to the nose. You measure the area of the nose to the eyebrow on the forehead, and then reverse it and open that dimension. Then, you must realize that there must be a free way, a position of rest, because no one is ever at ease with their teeth in contact. So, Dr. Midguard, after a lot of investigation, decided that about 2, 2½ millimeters was sufficient, and we shorten the occlusal rims to that extent.

(Slide No. 11.)

The next slide shows the plates to which the registration is to be made—the upper plate, in which several holes are drilled, one of which is to receive the central bearing point, which is the only thing in contact with the lower plate, the little lock nut which securely attaches it to the upper plate and a little aluminum tray which has a flange on it and a handle over which we smear compound with which we secure the several parts of the registration, one to the other.

After we have trimmed the occlusal rim to the position we want, the length, we grasp the plates with a pair of pliers, heat them and imbed them in the occlusal rims to the depth of about ¼ of an inch and also having the occlusal rim on a cast so we will not distort it.

(Slide No. 12.)

The next slide shows this after the registration plates have been placed on the occlusal rims. We trim off the lower, never the upper, because the upper has been trimmed to the length we want our upper anterior teeth, the length and position from the standpoint of esthetics, and so we trim the lower. We so regulate that screw that when the rims are in contact, the screw is in contact, because we want to preserve that vertical dimension.

We trim off the lower, and then the central bearing point becomes the only point of contact. It is placed as close to the center as possible, thereby getting more equal distribution of pressure.

We smear a little wax over the lower tray, place it in the patient's mouth, and instruct the patient to move in any and all directions. I never say to the patient, "Move as far left or as far forward or as far back as you can," because directed movements are always strained. So, I just tell them to move freely.

As a matter of fact, sometimes we talk to much to our patients—we say too much. If I say to a patient, "This is a most important step," the chances are they will try too hard and exert a lot of pressure and it will take considerable time to obtain that proper registration. After they move freely for a little time, you will find that you do have a tracing there, variable as to angulation and as to extent, but always within the most retruded position and in the centric relations, the retruded position of the mandible in its relation to the maxilla from which lateral movements may be made. I believe it is possible under strained conditions to have them retrude further, but lateral motions cannot be made from that strained position. We have them make it with an easily and relaxed conditions as possible. As I say, talk very little to them because if they realize it is very important, they will try too hard and sometimes, when they do that, it takes a long time to accomplish your ends.

(Slide No. 13.)

After we have made our tracing—this shows where we have placed carding wax on the lower and had them closed and the rims came in contact at the same time that the central bearing point did, maintaining that vertical position.

(Slide No 14.)

This next slide shows it after we have made our tracing, and we place our little tray covered with low fusion compound in the patient's mouth. I have them close and swallow and insert the slow fusing compound, and my assistant squirts water on it, immediately chilling it.

We separate the lower from the upper and place a piece of carbon paper over the central bearing points, reassemble it and the pressure of the central bearing point over the carbon paper marks the area of the tracing to the position where it was when the registration was made, and it must be in the center of that.

(Slide No. 15.)

This is another of the Gothic arch type. He traced a little stud in the upper, four of them, and has them chew with functional movement. Some patients will do it; with a flat jaw it is pretty nearly an impossibility, but on a good, well formed rim, it is an exact way of making Gothic Arch registration.

With that type, you do not have to insert anything to register, because you just take it in your hands and place it in its retruded position. There are four different tracings, all different angulations, but the apex of the tracing is conformed one to the other and in the same position.

(Slide No. 16.)

The next slide shows it after we have made our registration, inspected it to see that we were in the apex of the Gothic arch. We place the registration, and proceed to mount the plane line articulator. I used, most of the time, an old overhauled articulator with the screw turned off and braced up so that it only has the movement of opening and closing.

I don't use the face bow. Dr. Snow, who designed the face bow did it so that he could establish his opening action and thereby open and close his articulator without too much trouble. It didn't take him very long to find out he couldn't do that because to secure your points of rotation of the mandible is some job. But the face bow does have one function. It keeps men from mounting their cases upside down on the articulator.

(Slide No. 17.)

We have made our registration; we have got our certical dimension; we have made our plates; mounted the plain line articulator; we are going to shut the teeth on wax; I have my centric relation, and my tracing is only for esthetics. So, to maintain that position, we first trim the upper and apply the lower; we adapt the mounting plate on the lower, trimming it flush with the upper. We can remove the upper and still have the same position.

(Slide No. 18.)

The next slide shows the six anterior teeth set up to that position.

(Slide No. 19.)

The next slide shows the teeth I can't say too much about them because I happen to be one of the authors, but this is the tooth which is a triturate and does eliminate food. It is the product of the Dentists Supply Company.

One thing we have overlooked is your surface contact. There is a certain amount of pressure when I place my fingers on a table. As I put my hand down, it multiplies as to the degree of the diameter. In other words, it is a thousand times as much pressure. So we see and like to have a minimum pushing in contact.

The marginal rims of the opposing teeth work on a block, which we call a triturate block. It is surrounded by a canal, you might call it, but it does have points of egress so that food will not catch in them.

There is sort of a phobia amount the catching of food. When we eat peanuts with our own teeth, it takes quite a little time to eliminate all the fragments from in between and on top and around our teeth. I think that applies to any type of dentition.

(Slide No. 20.)

The next slide shows the lower teeth set up in a position and each tooth is placed in a different plane of light. We set the entire complement of lower teeth. Then, after we set them, we adapt them to the surface of the sphere, the variable dimension.

(Slide No. 21.)

This next slide shows another point in setting up your lower teeth. This is one improvement—you will have less trouble. When I went to college, I was taught to set teeth on the rim. Where that idea came from, I never will know. But if you pick up the mandible, you will find the lingual of the molars is lingual with the ridge, and so even artificial teeth should be set in that same manner. Applied buccally to the center of your bony construction, it makes a lever of the first class, and has a tendency to make your denture rise on the other side when pressure is applied. If you set them lingual to the ridge, just slightly, you will find when pressure is applied it is lingual to the center of your bony construction and it becomes a reverse lever, seating the denture more securely on the opposite side.

(Slide No. 22.)

This next slide shows the adaptation to the template. This is a template that is made by an optical company, made in four, five, and six inch radius, or eight, ten, and twelve inch diameter. This ridge was on a ten-inch diameter. We adapt it to his teeth in that area.

I have had many cases come to the office that have been failures, even though a conscientious attempt was made to open, so-called, the bite. There is one thing for sure that you never want to set your lower teeth higher than that which is normal. If you look at any mouth, you will find that when they open the mouth, the perimeter of the tongue lies on top of the teeth.

In these cases, they have tried to open it up. You find the occlusive area is above the surface of the tongue. That case can only be a failure and cause you and your patient a lot of trouble. Be sure your lower teeth are set to the height so that when the patient opens his mouth the perimeter of the tongue rests on top of the teeth.

(Slide No. 23.)

The next slide shows the entire complement.

I have talked to dentists of my company for years about switching molars, cuspids and laterals and centrals of different molds of teeth, which produce harmony and give teeth individuality. It has only been in the last two or three months that they have come out with an advertisement along that line. It is very seldom that I ever use a set of teeth as they come on the card.

In setting them up, I must have sufficient material so I can show some of the effects of time and wear. I don't believe it is very harmonious to place in the mouth of an older person teeth that look like they just erupted through the gums of a six year old. They should show some effects of time and wear.

(Slide No. 24.)

The next slide shows a lateral. These teeth are set up with a low bite. You will see the marginal rims of the opposing teeth work against the center.

I have an advantage in that I do my own laboratory work. I have been practicing 45 years and still don't have to send anything to a dental laboratory. If there is anything wrong, I know where it lies, and I can't cuss anybody out. I enjoy it. Every case is an individual study, and I believe that my client who is sitting at the bench is compensated just as much as if I were standing in the dental chair, and I think I will live longer.

(Slide No. 25.)

After we finish the laboratory work and the patient comes in for a fitting, we place carbon paper on the occlusal and incisal surfaces of the lower, place them in the patient's mouth, and instruct the patient to move in any and all directions. Then, with a stone we eliminate all of our contacts from the anterior teeth and after we have eliminated contact, we place carbon on the occlusal and incisal surface of the lower, place it in the patient's mouth, and in just a few moments that arbitrary curve becomes a composite curve particular to that jaw. In my opinion, the only way in which you can arrive at the correct compensating curve for any jaw is from that particular jaw itself.

(Slide No. 26.)

This is the lateral view of the same case. There is no vertical overbite. Again it shows the relation of the posterior teeth.

(Slide No. 27.)

The next slide shows a case in which it has been said one of the things against the cusplless tooth was that they allowed the mandible to advance. To me that is the greatest advantage because when changes in tissue takes place a mandible advances, as it comes up it comes forward, and it is an indication or definition that something should be done regarding the case of rebuilding or recasing. This is a case where cusps were used and the mandible has advanced and jumped a whole tooth.

(Slide No. 28.)

In this case I call your attention to the type of tooth that was used. The centrals are 284, the 283, four and five, and are copies of natural teeth made by CMM house. The laterals are a different mold.

The only thing that you can introduce into a set of teeth for a lady, to give the feminine touch, is the use of one small lateral, and we don't find them on both sides—only on the side of least development. There is a very marked difference between the two sides of the face. Every face has a masculine and feminine side, a side of less development and a side of more development, and it generally defines whether the patient is right or left-handed.

In this case, I have 284 centrals, upper right lateral. This woman is left-handed, has a 283, and the one of the left is a 364, and the cuspids are 885.

I am a great believer in cuspid eminences and lateral depression. In the finishing of my labial, whatever carving I do, I never use a wheel on those, only a brush, because I want the markings still left on so that when, if they do show it, the convolutions are more like those under natural conditions. So we leave those convolutions.

(Slide No. 29.)

This next slide shows a case of the articulator with cusp teeth with a balanced condition, an overbite. There is equal depth, but it is this type of dentition that, in my opinion, has done more to destroy supporting structures, particularly the lower, than any other type of construction.

(Slide No. 30.)

This shows a method of reproducing vertical dimensions. We find cases which happen here very, very seldom, where a patient comes in at the point of losing his teeth. Many of them have lost dimension as a result of the extraction of teeth and the movement of teeth, but occasionally you find one in which we want to reproduce it. So, we have an exact side photograph, which is made by placing the lens of the camera between the subject to be photographed and the photographic plate, making an exact side photograph. Then we make a cutout and place it on the patient's face when we establish our vertical dimension, which is fairly accurate.

(Slide No. 31.)

The next slide shows a case of a person about to lose his teeth. We do reproduce to a certain extent as far as feasible the position of those teeth. This is a tooth where you see on the upper right side there is a flat lateral. This is a two taper case, and the case that will result from this will be a tapered case.

(Slide No. 32.)

This shows a patient of mine who is in the Consular Service. She is now in Tokyo. She is in her 30s. Some of the officials, the dentists, in my company came in one day and they talked to her for 15 or 20 minutes. They thought she was a friend of mine, and didn't realize she was wearing teeth. They had her come from Washington to New York and they took these succeeding pictures of this particular case.

That is a square arrangement with tapering teeth. I never use square teeth because they are inanimate blocks of porcelain, but we use tapering teeth and place them in a square formation, the laterals with the labial inclined a little lingually, which is a very very good looking set of teeth.

(Slide No. 33.)

In this next slide, the one in the center is the natural position. The one on the left is made up of two right sides, and the one on the right is made up of two left sides. The left side is undeveloped far beyond that of the right, and to look at the face in its normal position, and unless you study it very diligently, you would notice very little difference.

(Slide No. 34.)

This next slide shows another view of this young lady. This is a set of teeth that the Dentists Supply Company took pictures of. That is a more lateral view.

(Slide No. 35.)

The next slide shows still another view with the mouth open. Each tooth is placed in a different plane of light, and they do have individuality. That is one thing that we can put into all of our teeth. You may align natural teeth, but put artificial teeth in in the same manner, and it will become just a continuity of porcelain with no tooth personality present at all.

(Slide No. 36.)

This next slide shows still another view of this same case.

(Slide No. 37.)

This is still another one.

(Slide No. 38.)

This is a little more romantic.

(Slide No. 39.)

This shows a case as it actually was. It is a tapering tooth used with a square arrangement. You can see from the incisal of the upper and lower that each tooth is placed in a different plane of light. This girl is now in the South American countries. She became engaged to a man down there who was afterwards blinded in an accident. They weren't married but she was out with him one night and she said, "Honey, there is something I have got to tell you that I haven't and I should." He said, "What is it?" She said, "I wear artificial teeth." He said, "I will never believe it until you put them in my hand."

She said, "I just had enough cocktails to do that."

(Slide No. 40.)

This is another patient, front and lateral view. This is a square arrangement with the tapering tooth. Again, I expect that 80 per cent of my cases are built out of those three sets of teeth, 83, 84 and 85.

(Slide No. 41.)

This shows a close-up. I had an expert from the University of Illinois come in to take these photographs and the things are a little over-exposed. It does show the arrangement, full upper and partial lower.

(Slide No. 42.)

This is still another case. This is an ovoid patient in which I have used an ovoid tooth.

(Slide No. 43.)

That is a close-up of the same. We have a horizontal over-bite, but not a vertical.

(Slide No. 44.)

This next slide shows one of my photographic efforts. I will tell you something funny about this. This girl's picture is used in toothpaste ads and they don't even know she is wearing artificial teeth.

(Slide No. 45.)

This is a close-up of that case.

(Slide No. 46.)

This is another patient—a little girl, pretty much scared.

(Slide No. 47.)

This is a close-up of full upper and lower, and again practically the same type put in a different position.

(Slide No. 48.)

This is a tooth taper, and the next slide—

(Slide No. 49.)

—will show the anterior position or lateral, and the next slide—

(Slide No 50.)

—will show still another position.

Each tooth is placed in a different plane of light. I am stressing that. Not so strong nor so far out of line that attention is called to them, because as I said before, anything that calls attention to them increases the artificiality.

(Slide No. 51.)

This is an older man, an entirely different type of square tooth arrangement. This happens to be the husband of the previous patient.

(Slide No. 52.)

This next slide, which is the last one, shows the teeth.

That concludes my little performance, and I appreciate your attention and the honor of having been here. If I have helped you at all, I am very grateful.

(Applause.)

PRESIDENT McFALL: Ladies and gentlemen, we have a few other speakers right away.

As I go into the twenty-eighth year of practice in dentistry, I am increasingly impressed with the men in the past who have done such a superlative job for all of us in organized dentistry and for the men who today and in the past few years have done such a herculean job for everybody who calls himself a dentist.

Our Board of Trustees meets regularly, often and long. In all of the trustee districts there are a few, as there are in life, who always stand out above the others. In our next speaker is a man who has been a perennial State Society Secretary. He has held every office within the gift of his friends and colleagues in Virginia. He is our representative from the Fifth Trustee District of the American Dental Association. There is no man on our Board of Trustees who is more capable, more thorough, more deserving of the respect, commendation, and attention of all his confreres than is Dr. J. E. John, Roanoke, Virginia, who is the Trustee of the Fifth A.D.A. District.

We are delighted to have Dr. and Mrs. John with us as our guests today, and we will hear the Trustees' report of the A.D.A. from the Fifth District.

DR. JOHN: President Walter, distinguished guests, members of the North Carolina Dental Society:

I would like to reply to Walter's introduction by quoting from a little work that I read some days ago.

"Have you ever noticed that when a man reaches any rung on the ladder of success, he can glance over his shoulder and find good friends and fellow workers who have cheered him on his way and are now steadying the ladder for him."

My reply to Walter.

PRESIDENT McFALL: Thank you.

DR. JOHN: It is a privilege and a distinct honor to appear on the program of this, the Ninety-Fourth Annual Meeting of the North Carolina Dental Society, and to bring you the greetings from the American Dental Association.

As your Trustee, I would like to talk to you briefly about some of the principal activities of the American Dental Association, the greatly expanded work that it is doing in the interest of the public and of the profession.

All of you are aware that the Association has grown tremendously in the past few years, but I wonder how many are aware of just how tremendous has been the growth. In the past half century, the membership has increased more than 70 times. Fifty years ago, the Association represented about 1/30 of the total number of practicing dentists in America. Today, with nearly 70,000 members of the Association, they represent seven out of each eight dentists now practicing in the nation.

Coupled with this growth is the story of service, service to the public and to the profession. Whereas a half century ago, it was a minority who sought membership, today it is few indeed who do not seek affiliation upon completion of their formal education.

This transition, this complete reversal of the situation, is not the result of a mere accident or chance. It came about because the Association evolved a dynamic program in the support of its objectives of encouraging the improvement of the health of the public and of the promotion of the art and science of dentistry.

As I see it, our activities can be grouped into three principal classifications: One, the protection and improvement of the health of the public; two, the protection and improvement of the profession itself; and, three, the dissemination of information to both the public and the profession.

I recognize that these three grouping involve considerable overlapping. Almost every activity of the Association is concerned with all three of these points.

I believe, however, that if we evaluate the Association's activities from these three points of view, we will have a much clearer picture of the overall program being carried out by the organized dental profession.

For example, let us look for a moment at the new aptitude testing program of the Council of Dental Education. The Council is just now concluding its experimental work on a set of aptitude tests, which will be used throughout the entire nation next fall as an aid in the selection of the best qualified and most promising students among the applicants for enrollment in our dental schools.

As an indication of the enthusiasm for this new program, I should like to report that 39 of the 41 schools have requested permission to use these tests as a guide in the selection of new students for the 1951-52 school year.

At first glance, those of us who left dental school many years ago, might be inclined to minimize the importance of this activity or to shrug it off as of no immediate concern to ourselves. Such, however, is not the case. By developing these aptitude tests, the Association is providing additional insurance to the public that only the best qualified students will be accepted for dental training. It is protecting the profession by eliminating at the start those who, for apparent reasons, will be unable to master the fundamental elements in the art and science of dentistry.

By disseminating information on this program, designed to strengthen the high standards and ethics of the profession, it is building up public confidence and contributing markedly to the prestige of the profession. The continuing program of the Council on Dental Therapeutics and Research, and the Bureau of Chemistry, for the evaluation and testing of dental drugs, medicines, materials, provides protection for both the public and the profession.

I am certain that all practitioners today recognize the tremendous value of such a program whereby information is readily available on those materials and drugs which are safe and valuable and on those which are worthless if not dangerous.

The activities of the Council on Legislation constitutes another program of great importance to the profession and the public. Both on a state and a national level, this Council is on the alert to encourage the adoption of legislation which will be beneficial to both the public and the profession and to work against the adoption of legislation which would be harmful.

Only recently the Council has worked out a new system of legislative liaison under which each of the five members of the Council will work closely with the legislative committees of the State Societies in his respective area, thus providing a greater degree of coordination on legislative action within the framework of the Association.

The Council on Dental Health and its division of Dental Health Education or other Association agencies whose programs are of direct concern to each member of the profession.

Last month the Board of Trustees authorized this Council to employ a local health consultant whose full-time job will be to work with local and state dental societies in the establishment of a sound and practical dental health program on a community basis. This activity, as with the entire program of this Council, is designed to stimulate public interest in the importance of dental health, thus providing increased opportunities for the profession to be of service to the public.

Time, of course, does not permit that I review all the activities of the Association. However, I believe that the pattern is clear. Whether it be the Council on Dental Trade and Laboratory Relations, or the Council on Federal Government Dental Thought or the Council on Scientific Session, all are engaged in a program of direct service to the members of the profession and indirectly, through them, to the public.

There are the Council on Relief and Council on Insurance, both carrying on programs designed to provide direct protection to each member of the Association. Here, I would like to express my personal thanks and those of the Association to the dentists of the Fifth District who have so generously supported the 1949-50 campaign of the A.D.A. Relief Fund. The most recent reports that I have received show that five of the seven States have contributed 100 per cent or more—North Carolina, 108 per cent; Virginia, less than 100 per cent. This is an excellent showing when one realizes that the national average is approximately 80 per cent of quota.

The integration of all these activities, including those which I do not have time to mention, is clearly shown in the extensive reporting and information service of the Association which includes the Journal, the Journal of Oral Surgery, A.D.A. News Letter, A.D.A. Information Bulletin, and the work of the Bureau of Library Indexing Service, and the Bureau of Public Information.

As your trustee, I am pleased to report I found a great cohesion and integration of purpose in this vast program of activity being carried on by our Association's agencies, under policies carefully reviewed and formulated by your House of Delegates and by your Board of Trustees.

I should like to pay particular tribute for this to our most able and efficient Secretary Dr. Harold Hillenbrand and his staff of assistants in the central office in Chicago.

A typical example of the coordination of effort of all Association activities can be seen in the profession's opposition to the enactment of the national system of compulsory health insurance. A little over a year ago, the Board of Trustees voted a special appropriation to be used for the preparation and distribution to the public and to the membership basic information relating to compulsory health insurance. While this program was assigned to the Bureau of Public Information, all agencies have worked together closely in keeping the public and the profession fully informed of this ill-conceived and impractical proposal. Large quantities of pamphlets, brochures, reprints of news releases, radio scripts, material for speeches, fact sheets and other items have been prepared and distributed to the members of the profession and the general public.

This information program has been closely related to the activity of the Council on Dental Legislation, Council on Dental Health, the Journal, and other Association agencies carrying on the fight against this scheme to place the health professions under the control of the Federal Government.

The response of the profession to this fight has been excellent. I would like to commend each of you who as individual practitioners has rallied to the support of this program. The success, and I believe it can be described as a success, to date, has depended in great measure on the support and cooperation of each of you as individuals has provided in making dentistry's position known to members of Congress and to the general public.

While reports from Washington indicate that compulsory health insurance will not come to a vote in the current session of Congress, I do not believe that we can relax our efforts in making clear to Congress and to the public the reason for our opposition to this scheme. The proponents of compulsory health insurance are bending every effort to make this a major political issue in the forthcoming elections. We, as professional men, must remain alert to make certain that the public understands fully the grave issues involved.

Last month a number of you were requested to cooperate in a new activity of the Association which is directly related to the formation of sound and practical dental health programs. A nation-wide survey of dental practice was conducted during the week of April 16 through April 22 by the A.D.A. Bureau of Economic Research and Statistics. Each fourth dentist on an alphabetical list was asked to fill out a questionnaire which deals with the general aspects of his practice during 1949 and specific details of his practice during the third week in April.

The information sought through these questionnaires is needed particularly to counteract the great amount of misinformation and unsupported propaganda concerning dental practice that is being used by those who would enmesh the profession in a system of compulsory health in-

surance. If you happen to be one of those who received the questionnaire and have not returned it to the central office, I urge that you take the time to fill it out as accurately and as completely as possible. By so doing you will be making a distinct contribution to your profession.

Such information will be of great assistance to translating into action the detailed statement, a dental health program for the community, state and nation, which was adopted unanimously by the House of Delegates at San Francisco last fall. This statement spells out in broad principles the type of dental health program which is scientifically sound and which is in the interest of improved dental health for the American people. It has been published in an attractive pamphlet, and copies sent to all Congressmen, officials of National and State Governments, and to officers and leaders of more than one hundred national associations and organizations. In case you have not received a copy of this statement, a postal card to the central office will secure one for you.

One other activity of the Association I would like to mention briefly is the study made by Dr. Allen O. Gruebbel, Secretary of the A. D. A. Council on Dental Health, of the so-called dental nurses plan in New Zealand. Dr. Gruebbel has just returned after making a thorough survey of the operation of the system where dental nurses, with two years of training, are permitted to fill teeth for children. The first-hand information which Dr. Gruebbel obtained will permit an objective evaluation of this program for which there has been increasing agitation recently in a number of sections of the United States.

In closing, I would like to express my appreciation for the opportunity to present this report and to remind you that the Ninety-First Annual Session of the American Dental Association will be held in Atlantic City on October 30th to November 2nd.

You perhaps have noticed that I did not make reference to the financial condition or problems of the American Dental Association in this report. I left it out intentionally, because I have used that as a theme over a period of two and a half years now.

But I do believe, and I believe that you will agree, that the American Dental Association would find itself in a rather embarrassing, if not awkward position, were it to become necessary that we make an assessment to raise or make money available to our Legislative Committee to carry on possible increased activities of that particular Council. Your House of Delegates will determine what we shall do at the coming meeting at Atlantic City.

I feel sure that the delegates of the Fifth District will consider this particular problem in all seriousness.

I thank you for this privilege.

PRESIDENT McFALL: Dr. John, we thank you and also for your invaluable service to the Fifth District.

Following the introduction and presentation of our next speaker, Mr. Francis Garvey will be our last speaker of the day.

I will ask Dr. Clyde Minges, immediate Past President of the American Dental Association, to come forward, to bring and present our next speaker.

DR. MINGES: Mr. President, members of the North Carolina Dental Society, guests, ladies and gentlemen:

It is indeed an honor to present to you our next speaker. I have known this gentleman for a long, long time. The contributions that he has made to dentistry are legend.

Many words of praise that I might speak here this morning would be superfluous. Any attempt to describe and enumerate his contributions certainly would be most futile. Suffice it to say that he has served as a member of the Board of Trustees—he is finishing his twelfth year. He has served as Secretary of his State Society for about 25 years. He is presently serving as Consultant to the Surgeon-General of the Navy, Consultant to the Surgeon-General of the United States Public Health Service, and Advisor to Selective Service.

He has, up to the present time, I think, visited some twenty-five States already during his tour as President. He is doing a most wonderful job. Dentistry is proud to have this man lead them during this year.

Ladies and gentlemen, the President of the American Dental Association.

DR. ADAMS: Mr. President, Dr. Minges, members of the Society and guests:

I think I would be gilding the lily if I were to attempt to speak after the splendid presentations that you have had this morning. So I want to confine my remarks to simply congratulating you on having a President who can present so well the objectives and what you are doing here in North Carolina, a Trustee who can present to you what we are attempting to do at the national level.

The theme that I have attempted to present in my talks before Societies throughout the country has been to indicate the social responsibility of the profession. I think in the talks that you have had this morning by Dr. McFall, by Dr. Johnson, by Dr. Green, and by Dr. John, you have had that outlined very well.

I would like to add one point in relation to the financial affairs of the Association to that presented by Dr. John.

We take, at the present time, in my opinion, a totally inadequate reserve fund to meet the contingencies which might occur that Dr. John mentioned. I do hope that most of you who have the responsibility of directing your Delegates to the American Dental Association meeting this fall will not make the mistake of attempting to indicate to them what the raise in dues should be. Let them go uninstructed. Let them go with the confidence I know you have in them to act for you, for dentistry and for the public

Thank you very much for this opportunity to say a few words.

PRESIDENT McFALL: Dr. Adams, the boys in this territory have admired you for a long time, and for your splendid services to all of us this year, I am sure that we will increasingly add to that admiration. The boys of the South stand behind you to a man.

Dr. Adams, as you recall, was one of the few Presidents of the American Dental Association who had no opposition. When Phil was kind of guardian of the purse strings, he had more money. Of course, since our demands and this long-time, fine Democratic administration we are giving the world, we have learned to use it a little quicker, but I am sure that we are going to get a dollar value for every hundred cents we spend. It is not going to be like the 51-cent dollar.

Dr. Adams coming to us at great sacrifice today has just added to the inspiration and enjoyment of our meeting more than we can say.

Dr. Minges said earlier should we comment on the fact that Dr. Adams wasn't on the program, and the fact is we weren't sure that Dr. Adams could come due to having, I think it was, eleven or fourteen meetings the last week in April and the first three weeks in May. So, we count ourselves most fortunate to have him with us this time, and we hope that he will stay as long as he can and that all of you will meet him and know him, because, like our own Clyde Minges, like our own Oren Oliver who are from the South, this boy from Massachusetts can be had, can be seen. While they are big shots in their own right, they can talk your and my language, and they will make you feel thoroughly at home. We will welcome anything that you have to say to them that would improve the body politic, the organization generally and centrally of the American Dental Association, which is the strength of each and every one of us who calls himself a dentist.

Phil, we appreciate your coming so much.

At this time, for the presentation of our final speaker of a very full morning session, we are going to ask Dr. Paul Jones, Senator Jones, if you please, to come forward and present the Executive Secretary of the Council on Legislation of the American Dental Association, of which Dr. Paul Jones of North Carolina is one of the valuable and honored members.

SENATOR JONES: President Walter and fellow members of the North Carolina Dental Society, distinguished guests:

I am honored to present to you the distinguished gentleman and friend of humanity that it has been my privilege and pleasure to know for only the last couple of years. This young man has had wide and varied experience, some of which fits into the picture of dentistry at this particular time most beautifully. I wonder very often how we could get along in the American Dental Association, especially in the Council on Legislation, without the services of such a man.

This man graduated from Loyola University in Chicago in 1935, was admitted to the Illinois Bar to practice law in '35 to '42; member of the staff of the Illinois State Senate, 1941-'42, where he gained very valuable

information, concentrated enough to counsel you people in legislative affairs; he served in the United States Navy in the Continental United States, Hawaii and the Philippines, 1942-'46; Chief-Legislation Projects Division, Veterans Affairs, Washington, D. C., 1946-'49, and his assistance gained in this agency has been most valuable to the Council; he is a member of the American, Illinois, and Chicago Bar Associations, and also the Federal Bar Association.

A reference has been made here this morning by our President and by our Trustee about the importance of the Council and the duties of the Council on legislation. Repeating myself, I hardly know how the Council would get along without the services and valuable experience and information that this young man is able to convey to us. He is a fine gentleman and an excellent entertainer, and I am sure you are going to gather a wealth of information from him. I hope nobody will go away because I think he has a message of importance to all of us who are interested in the progress and development of our profession.

I take great pleasure in presenting Francis J. Garvey, LL.B., Executive Secretary of the Council on Legislation of the American Dental Association.

MR. GARVEY: Mr. President, Dr. Jones, distinguished guests and ladies and gentlemen:

After that introduction, I think I had better say Hello, and sit down, and then go home and let you all go to lunch. I don't know exactly how I am going to live up to it.

It gives me great pleasure to come to North Carolina at this time. In my short term with the American Dental Association and in my travels throughout the country, I have frequently heard of the outstanding success of your meetings and of the wonderful occasion it is for anyone who has an opportunity to be here.

I am also delighted to come because in a way, and only for a brief time, I have a little tar on my heels in that my father for a time resided and was in business in your State. Unfortunately, perhaps, for me, he later moved to Illinois, and so I am from north of the Mason-Dixon line, but at least I do have that connection with North Carolina.

I have here a prepared speech, but something happened yesterday so that I think, considering the title which I have been assigned, "The Congress and Dentistry," I will be permitted to discard the prepared text of the speech and speak generally to the interests of dentists and legislation.

We have a hearing coming up on Tuesday on a bill relating to the Veterans Administration. The purpose of the bill is to grant to dental specialists, certain specialists in the Veterans Administration, the same additional extra pay, expenses and recognition as is granted to physicians who are recognized by medical specialty boards.

The bill, you might say, is relatively unimportant in that it will affect the financial destinies, let us say, of only a few people. It is, however, tremendously important as a prestige bill on the practice of dentistry.

This bill came up before the Committee on Veterans Affairs in Executive Session a week ago, May 9, to be exact, and no action was taken. Yesterday, in talking with the Chairman of the Sub-Committee who asked why no action was taken, and as a result had it referred to him, he said that the bill was passed over with the remark that, "Well, dentists go a few years to school; physicians go a long time to school and spend many years additionally in training and then come out and are specialists. Why should we give the dentists the extra pay which is involved in a specialty bill?"

We all know the pay is not the thing which is important. It makes no difference. I believe four people will be affected by this bill. But it is important to show to you all how important dentistry and legislation are to each other because legislation affects dentistry in its prestige, in its ability to serve the public and its ability to render ever more service in relation to oral health. Unless there is someone to guard the prestige of dentistry, to speak for dentistry, then much of its service to the public is going to be lost.

We all know that you gentlemen are members of an honorable profession, well established for more than a hundred years, but when members of the Congress can pass lightly over a bill by saying that dentists—"Well, they only go to school a few years and what do they do, how important are they in this scheme?", I think it is very well time that we made ourselves more felt in the Halls of Congress.

That is the reason that I am discarding the prepared text of my speech and talking to you directly about Federal problems in legislation and the mechanics thereof, and where you come in and where dentistry comes in.

Dentistry and Congress are not new to each other. Shortly after the formation of the American Dental Association as a national Dental Association, back in 1897, which, as you all will recall, was the time when the then Southern Association and the Northern Association merged for the first time (since I am in North Carolina, I shall say since the war between the States), to form a single national organization, one of the first actions taken at that first united session was to create a committee on legislation. Since then, at every session of Congress since 1898, dentistry has had representatives in the halls of Congress, presenting the picture as they saw it as to how to improve the dental health of the public and also looking out for the interests of the profession, to enhance its prestige, to prevent its prestige from being trampled when certain measures were pending.

We talk a good deal about compulsory health insurance and we know it is very important and it is the vital thing in the near future. But I am afraid that too many people tend to think that the compulsory health insurance is the only law that affects dentistry.

Gentlemen, let me tell you that today there are about a hundred laws that affect dentistry. There were nearly 200 bills in the present Congress which had an aspect of oral health in which the American Dental Associa-

tion was interested. There were 1,150 bills in State legislation during the past two years which affected dentistry. These bills go to one of two things—either to the immediate practice of dentistry itself, such as your licensing acts, to the effect on the practice such as the dental hygienist bills, or the bill introduced in Massachusetts for dental nurse training, or they are bills which affect the health of the public and on which dentists must and should be heard if oral health is to be properly protected by our laws.

The cost of maintaining the legislative service is relatively small. It amounts, I think, to considerably less than 50 cents per member. Yet, in every important aspect of dentistry, there comes some faint tinge of legislation at one time or another, and when that tinge appears, your Council on Legislation, through its very able members, is present before Congress to testify as to what should be done and as to what is right and as to what must be done. Volunteer dentists from all over the country who are specialists in the particular field under consideration, at the request of the Council, come to Washington and spend their valuable time explaining to Congressional committees the facts, not the propaganda, but the facts of life as they are expressed in dental terms and as they must be considered if Congress is to make effective laws relating to the oral health of the public.

In order to give a nation-wide coverage to this service, he have in each State the Chairman of the State Legislative Committee as a consultant to the Council. We also have in each State one man for each Congressional District and two additional men for each Senator. These we call our consultant service with regard to the Chairman of the State Legislative Societies and our Congressional liaison service with regard to the men who see the Congressmen from their districts and give them personally what might be termed "a correct pitch."

I want to pay tribute at this time to the men from North Carolina who have so generously volunteered their services during the last two years to this activity: To Dr. Lineberger, the very able Chairman of your Legislative Committee; Dr. John Fox; Dr. Paul Jones, who is also a member of our Council; Dr. William Taylor; Dr. Wilbert Jackson; Dr. Clyde E. Minges; John L. Ashby; Dr. D. L. Pridgen; Dr. O. R. Hodgins; William M. Matheson; A. C. Current, and Dr. C. B. Taylor. All of these men have stood ready and waiting for the call of the Council. At any time they have been prepared. On many occasions, they have taken up matters of interest to dentistry with their Congressmen, and have smoothed the way for the Council on Education in its activities.

I know you are all interested in compulsory health insurance, and I want to outline to you briefly the provisions of that bill.

First of all, the bill does not contain any tax at the present time. People have said it would be a tax bill, but it is not a tax bill because if it were it would be going to the conservative committee on Ways and Means in the House, and not to the more liberal committees before which it is now pending.

That bill provides for the creation of a five-man board to be known as the National Health Insurance Board. Two of its members would be physicians and three of its members would be laymen. The Board would be under the general supervision, in its affairs of administration, of the Government Federal Security Administrator, who is a layman. It would be assisted or advised by a sixteen-member National Advisory Medical Policy Council, a majority of whose members would be laymen. The remainder of its members would be chosen from the health professions.

There would be set up at the State level a State agency which would propose to the State Legislature, through the National Health Insurance Board, a proposed plan of operation in the particular State. That Board, again, would be assisted by a State Advisory Policy Council. It would present its plan of operation, it would pass upon the terms of the contracts, and it would negotiate with the National Board all matters relating to operation within the State. However, the National Health Insurance Board could refuse to operate the plan proposed by the State agency and, in such case, it could itself step into the State and operate the proposed plan until such time as an acceptable State plan was presented. Or if at any time the State Board deviated from the plan as accepted by the National Board, the National Board could again step in to the State and proceed to take over the operation.

The plan calls for decentralization of the operation on the local level. What might constitute a local level would only be known at such time as the State plan of operation was accepted. Each State might constitute a single unit in itself. Each county might constitute a separate unit, or each city of major importance and each county, or any division which was acceptable within the State.

At the local level, there would be a local administrative officer assisted by a local Executive Committee, or a local Executive Committee assisted by a local administrative officer. Whether you have the committee operation or the single operation, one would be the functionary with whom most professional people would do business.

The intent of this local administrator would be to obtain the physicians and dentists and other health service practitioners who would cooperate in the plan, to publish a list of them to the public, and to hear complaints and grievances which might be made.

The bill would provide for general and special services, and it would provide that the practitioners who agreed to serve under it could be paid on either a fee schedule basis similar to the Veterans Administration, on a full or part-time salary basis, on a per capita basis, which is the so-called panel system which has been in effect in England under the prior law, whereby each one receives 50 cents a head or \$3 a head or whatever might be determined for every person who signs up on his list, or upon any combination of these things. It would be provided that in each local area, the practitioners who had signed up to render the service, who were members of a given profession would, by a majority vote, determine the method of payment. However, if any of those persons in that profession disagreed with the method chosen by the majority, then he could negotiate individually.

This is supposed to be a sound administrative system which would take care of the health of the public.

As to those who would be eligible, every person self-employed or employed by another who, in the course of 12 months earned \$150 would be eligible six months after that \$150 had been earned. Or, in the event he were unable to earn \$150 in 12 months, then, if he were able to earn \$50 in half of a three-year period—that is, \$50 in each three months out of every six months over a three-year period—he would also be eligible. For every eligible person, his dependents would likewise be eligible, and this includes his minor dependents and his wife, as the case may be. Or, in some cases his dependent parents. Federal Civil Service retired personnel would be eligible for benefits, as would anyone who was drawing benefits under the present Old Age and Survivors Insurance program.

Every person, legally, would have a right of free choice of dentist or physician or hospital or, for that matter, his nurse, and every dentist, hospital or nurse would have a free choice, consistent with the ethics of his profession, to reject every patient if he did not desire to render service.

Thus, we have made a vow to the principle of free choice, but consider the impracticability of it. If I, as a taxpayer, am paying my money into the funds, then I am entitled to service, but suppose there are only three dentists in the town and suppose matters are such that I am persona non grata with all three of them. So, instead of getting service in Pinehurst, they tell me to go up the Pike to Raleigh. They have exercised their free choice in refusing me service.

Obviously, that couldn't happen and it wouldn't happen in the long run, but unless it could happen, you do not have free choice.

Consider, again, that you have a panel list of five available physicians, and I favored Physician X. But when I got over to X's office to sign up for his list, I found out that his list was full. Then I would have to go to Y or Z, or so on down the line. There, again, you have the free choice.

Consider again the hearing methods of complaints which are set up in this bill. Every person is given a right to complain as to the quality of service which he receives, as to the quantity of service which he says that he does not think he is obtaining, or as to the type of treatment after he has received it. Likewise, every practitioner who does not feel that he is being fairly treated by the local administrative officer has the right to make a complaint. Then, what happens? In each instance, the local administrative functionary is directed to make an investigation and to report the results of his investigation. If the complainant is not satisfied, he may have an appeal to an impartial tribunal, which will again hear the case, and if the parties are still not satisfied, one may take an appeal through the State Court system and then, as a Federal question is involved, he may ultimately appeal to the Supreme Court of the United States.

We all know it is the American prerogative to gripe or to be dissatisfied with one thing or another. Those of us who were in the armed services, either in this war or the last, know how people can complain

about health services, even though they are available to them without immediate cost. If every American citizen who is eligible under this bill, and about 125,000,000 persons would be, or any small percentage of them, were to exercise their right to gripe and to file complaints about the professional quality of the services rendered, just think how much time would not be left for practice because of the necessity for the professional man defending his professional reputation.

This bill, gentlemen, is an administrative monstrosity. There is no way that it could work under the present draftsmanship of it, even if it were a bill with whose principles we were in accord.

I have had a good deal of experience with Federal administration and the way it spreads out. When you look at this—Federal Security Administrator, National Health Insurance Board, the State operating agency, the local operating agency, and then I don't know whether we put the dentist and the physician at the lower level or whether we put the patient at the lower lever, but you go around an elaborate hierarchy there and attempt to administer the Act so everybody receives the benefits.

Sometime ago we made a quick calculation of the amount of service which would be available. We found, based upon the number of registered dentists and present population of the country, that if every dentist were to give service to all who came to see him, he would have a total of 55 minutes per year to spend on each patient. I don't know what kind of a service you can render in 55 minutes. That includes getting the patient in and out of the chair, and whatever recording service is necessary.

It is said that under this bill more people will get more care than are getting it today. Gentlemen, I submit to you that that is impossible. More different individuals may get less care, but even the same number of persons will not get more care because it is physically impossible to give it to them.

There is another feature of the bill and one which we must examine with some care. That is the provision which provides inducements to persons to settle in sparsely settled localities, so far as health services are concerned. The bill offers a form of bribery to induce people to go into those areas. It guarantees them travel expenses for themselves and their families, guarantees loans to set up the physical equipment of their offices, and guarantees the minimum gross or maximum fee schedule salaries during a limited period of time when they are getting established. The proponents of the bill say that this inducement will tend to offset the present disparity whereby we have congested groups of the profession in our larger areas and small numbers in the rural areas.

Gentlemen, I say to you it will do no such thing. A man chooses the lot in which he wants to live. There are a great many things besides the amount of money he can make in that particular area he chooses — he chooses it for its climate, he chooses it for the opportunity to be of service, he chooses it because of the schools it may provide for his children, he chooses it because of the people who live in that area with whom he

would like to associate, and, lacking those factors, no amount of money is going to induce any person to settle in any given area for a long length of time.

I have discussed with you the general provisions of this bill. I would like to talk about cost, except that I am not an astrologer, nor am I psychic, nor have I been given the gift of prophesy. The Administration says that they can operate this program for about \$4,000,000,000 during its first years, and yet, about \$7,000,000,000 was spent privately on medical care last year. They estimate that for about \$600,000,000,000 they can take care of all the dental needs and give more service than is given today. Yet, in 1948, some \$968,000,000 was spent privately to give about 25 per cent of the people of this country some form of dental care. Of course, that excludes the amount of money spent publicly by State health agencies and by the Federal Government, either under V.A. or other plans.

As reasonable and logical men, can you tell me any way in which you can give more service to more people?

The gentleman from the Medical Association of North Carolina, who addressed you a little earlier in the day, and whose name unfortunately I didn't catch because I came in late, emphasized that his Society was about to put into effect a positive approach. Gentlemen, the profession of dentistry has had in effect a positive approach to this problem for more than ten years, and you can well be proud of the efforts of your National Association. Your National Association is only you and your fellow members in other States and the things they have done to try to present positive programs. For more than ten years, the American Dental Association has preached that the proper answer to health is the responsibility of the individual to take care of himself, of the family to take care of the individual, of the community to take care of the family, of the State to take care of the community, and ultimately, if necessary, the Federal Government.

To accomplish this purpose, it has expressed in every State and nationally the community health programs, and it urges the members of the State Associations to participate in these programs. I think, looking just at the school laws of the various states throughout the country, and the activity which is now going on at that level to take care of children, we can see the American Dental Association has made great steps forward to provide a positive answer to this program.

Gentlemen, the future of this question is in your hands. Each of you is going to have to give a great deal of time to the study of all current national problems and be conversant with them and to discuss them with your patients and friends and with your political members of your community, both at the local and State and Federal level. Each of you is going to have to know what he is talking about when he discusses these things.

As a professional man facing the same thing in my own profession, I speak with some knowledge of this subject and some feeling on it. What each and every member is going to have to do is to devote a part of his

time to rendering some of these additional services to the community which he may in the past have neglected because he felt that "George was doing it." Because, gentlemen, only by a positive, affirmative program that shows results can we meet the menace of socialized medicine. Your future of dentistry today, and the future of your sons in dentistry is in your hands.

I can present to you the problem, I can work with you to solve it, but, gentlemen, you and you only at your chairside, in your daily lives, can solve this thing once and for all.

It has been a great pleasure to be in North Carolina. I expect to enjoy the next few days here, and I certainly enjoyed addressing you all this morning.

PRESIDENT McFALL: Ladies and gentlemen, will you please give attention to our Secretary.

(The Secretary then made several announcements.)

PRESIDENT McFALL: Thank you. Ladies and gentlemen, you have all been most kind.

If there is no further business at this time, we will ask you to be back here promptly at 2 o'clock to hear our first essayist. Thank you so much.

(Meeting adjourned for the luncheon recess.)

AFTERNOON SESSION

The afternoon session was called to order in the main ballroom, President Walter T. McFall, presiding.

PRESIDENT McFALL: We are going to start this evening as close to 7:30 as we can, so I do hope that you can make plans so that all of you will bring your ladies to this same room tonight at 7:30 where we will have Dean Brauer as our first speaker and Dr. Hamilton Robinson as our second speaker, and probably one or two others, but it won't be a long drawn-out session. It will be interesting and enjoyable, so do encourage the ladies to come with you.

Our first speaker of the afternoon is a man who graduated in 1923 from the Atlanta-Southern Dental College. I choke up when I talk about Bill because I roomed with him. I know him from the ground up. Without meaning to be odious on comparisons, he has worked in my mouth, and I think that Bill is the best all round dentist that I have ever seen. He has worked for my wife, worked for my child, worked for me. We are all hard to please.

Bill has been the outstanding business management success in the class of 1923. I mean by that he has done better in practice. When we had our Class reunion, he had done better at that time than anybody in our class of 111 graduates. He has taught the subject all over the United States. He is serving now as chairman of the Clinic Committee and scientific sections of the American Dental Association, hand picked for one of the biggest jobs, organizationally speaking, in the American Dental Association by our own Clyde Minges.

He is a past president of the Georgia State Society. Everything I know about Bill is tops, so I am thrilled and delighted to present to my friends in North Carolina another friend of mine from Georgia, Dr. William A. Garrett, who will talk to us on "Practice Management."

Dr. Garrett, we are delighted to have you.

DR. GARRETT: Mac, Fred, members of the North Carolina Dental Society, ladies, guests:

I can't begin to tell you how grateful I am for the privilege of being here today. But, of course, you know Mac, so you discount all he said. We will start from there. The happiest days of my life, almost, were the ones we spent together as students in school. We didn't have sense enough to know it then, when we were working in a drug store until 11 o'clock at night, getting out the books after that, and talking about what we were going to do when we got through school.

I don't know of any privilege that could have meant more to me than the privilege of being here at this time. In Mac's address to you this morning, he set forth a philosophy of life as only Mac can do it, which, if we would follow it, I am sure anything I might say to you this afternoon would be of no interest.

I would like first to extend greetings to you from Dr. Steve Garrett, president of the Georgia Dental Association, who said he was sorry he couldn't be present, and wishes you a most enjoyable meeting. He hopes that many of you can come down and be with us at our meeting in Atlanta in October of this year.

I was very happy this morning to hear the formal announcement of your School of Dentistry in North Carolina. Having had the pleasure of knowing John Brauer for a number of years, I want to compliment the committee who was responsible for his selection, because I am sure, had you searched the country over, and I am sure you did, that you couldn't have found a person more qualified from every standpoint to do just what you want.

I may at this time say that I hope that your school will enjoy all the success that you envision for it and that it will fulfill all of your wishes in training the youth of your state and of the South to render the best of dental service to our people. I just wish that for your new school. I am sure that under your guidance and under John Brauer's able administration, you will have it.

You know, the subject I am going to talk about is one that is rather an interesting subject because no one knows a thing about it. Our schools have been very derelict in teaching us to manage our affairs so that we can render the most effective service to people whom we serve and at the same time provide for our temporal needs. I think it is a definite weakness in our present system of training. I am sure that Dr. Brauer will create that in your new school here.

I have no knowledge about practice management except what I have gotten from those who have been sufficiently interested and recognized the importance of it to the extent that they have written on it and, with all due respects to those who have written on it, I find that most of it is bunk. It has no application as far as the running of our individual practices, and you know I am a practical man. I go to clinics and I go to meetings and I see techniques, and the first thing I ask myself when I see it is, "Is that practical?" If it isn't practical and if I can't apply it in my practice from an economically sound basis both to myself and to my patients, then I am not interested.

So that is the yardstick by which I measure most of those theories and ideologies, I might say, that are advanced, and they won't stand the test of practical application. I have read and I don't know of any area in our dental education where there is as little factual information to be had as in one of the most important fields, and that is the field of practice management.

So, I don't come as an expert on it. I think one of the best definitions of an expert I ever heard, one which I could apply to myself, is, "A person who has his ignorance well organized." I stand before you as a perfect example of plodding mediocrity as far as developing your practice along the lines of sound and successful procedure.

We are beginning to gather some very pertinent information, and I hope that each of you in this room who received the A.D.A. questionnaire recently, making a survey of dental practice, executed it accurately and as thoroughly as you could, giving as accurate information as you could, because that document will furnish most valuable information to us from that economic standpoint.

It would not be practical for me to discuss today some of the mechanics that I would like to, but tomorrow, maybe, in our question and answer period, we can do that. Suffice it to say that just for personal information, I was able to obtain an auditor's report of 21 practices in Atlanta for the year 1949, broken down as to expense and net that you could buy an ice cream soda with occasionally after you paid Uncle Sam and all the other things you have to pay, and it is quite interesting.

It proves, as all the other studies I have made, prove, that the theory that we have at present of the economy isn't sound. There is a personal equation that enters into it that we will discuss. Nevertheless, we have got to get our premise. I believe it was Napoleon who said, "If you get the premise right, the tails will take care of themselves."

I am convinced from the point of view of business management in running an office, that to date we don't have a sound basis of procedure. Those are the studies that I have been interested in.

Maybe if I could give you a little information that came as a result of that and studies like the A.D.A. is making, it will help to evaluate and probably, in the future, give our younger graduates that which we of the present generation were deprived of.

I don't bring you anything new. I am like Will Rogers—I bring only those things from the men who have been interested enough to write on it. The economy of our age has changed so that most of it is obsolete and it doesn't apply to our present-day procedures.

Any authority for not bringing you anything new is recorded in Ecclesiastes, Chapter 1, verses 1 to 11:

“The words of the Preacher, the son of David, king of Jerusalem.

“Vanity of vanities, saith the Preacher, vanity of vanities; all is vanity. What profit hath a man of all his labor which he taketh under the sun? One generation passeth away, and another generation cometh; but the earth abideth forever.

“The sun also ariseth, and the sun goeth down, and hasteth to his place where he arose.

“The wind goeth toward the south, and turneth around unto the north; it whirleth about continually, and the wind returneth again according to his circuits.

“All the rivers run into the sea; yet the sea is not full; unto the place from whence the rivers come, thither they return again.

“All things are full of labour; man cannot utter it; the eye is not satisfied with seeing, nor the ear filled with hearing.

“The thing that hath been, it is that which shall be; and that which is done is that which shall be done: and there is no new things under the sun.

“Is there anything whereof it may be said, See, this is new? it hath been already of old time, which was before us.

“There is no remembrance of former things; neither shall there be any remembrance of things that are to come with those that shall come after.”

So, you see, there is nothing new, and I bring you nothing new.

Dental economics has for years included all discussions about dental income. Whether the considerations were of the social and economic implications of dental practice as a component of public health services, or whether of the more particular and individual problems of improving business methods within a dental practice.

Now, we have a better definition of these terms. Under dental economics we have the problems of (1) Socio-economics, which is concerned with the place and function of dentistry in public health, and those factors likely to influence mutual benefits to both the public and dentistry. During the early years, when dentistry was becoming an important health service profession, there were only a few leaders who recognized the need to widen dentistry's usefulness. However, their ideals and convictions channeled the profession's thinking and planning in the direction of preventive dentistry, especially for children. The influence of those early tenets continues today and has prepared the foundation for the present social attitude of organized dentistry. Important in this social attitude is organized dentistry's opinion that the actual provision of dental service is not the responsibility of the dental profession alone but must be shared by society. It is the responsibility of dentistry to provide leadership and guidance in the establishment and maintenance of dental health programs, and it is dentistry's responsibility to see that the professional and technical aspects are maintained on such a plane as to assure that the services rendered will be superior in quality. Financial responsibility for these programs must be assumed by those who have the duty to provide for the other necessities of life.

That is the basis on which we must develop our economy.

Secondly, the more restricted aspects of dental economics, involving methods employed to bring better income for the individual dentist is referred to as Dental Practice Management.

You understand economy must be divided into the two phases, social economics—and visualize that this phase of our service should be dealt with by our professional groups, by the North Carolina Dental Association, and by your local groups. It is a problem for mass action. The problem that deals with you as an individual dentist should be classified as a sub-section under economics as dental practice management. That is what we should try to discuss at this time.

We cannot entirely separate these two aspects of dental economics from one another in our thinking and our planning, because the whole picture of dental income is dependent upon our function and prestige as a profession in the field of public health and welfare.

Practice management cannot concern itself exclusively with business methods. Its structure must be upon a foundation of sound professional behavior or the structure will not stand. Conversely we cannot become too concerned with the socio-economic angle of our social obligations or we may fail to properly evaluate the financial welfare of individual dentists.

We must recognize the rules of ethics which define our moral obligations to the public and our profession.

There must be an understanding of jurisprudence which establishes our legal obligations to the public and their legal obligations to us. It establishes our legal rights, and our legal protection; it establishes the legal rights of the public, and their protection.

Science seeks to interpret physical and biological laws while economics deals entirely with social laws. Knowing our moral and legal obligations, economics teaches us how to discharge both and still provide for the temporal needs of ourselves and our families.

We should never become deluded to the point where we think of sound business principles as incompatible with professional ethics.

The first question that you ask yourself is, "What constitutes professional success?"

As I told you, it might be the idea of philosophy that if we follow that, we need no further philosophy. But, after all, success is simply the attainment of the goal. This goal may be good or bad.

I think McGehee and Walker have given one of the best definitions of success from a dental standpoint that I know, when they said, "Professional success is the complete accomplishment of two objectives: It is the rendering of the highest type of professional service in the relief of the dental ills of mankind, with a sure and safe provision of the financial and social requirements of one's self and family." That is it very simply, but it covers the field.

What is the use of living? Should one be satisfied with food, shelter, and clothing, sleep and amusements? Many are, yet there are many who aspire to greater ends. The spirit, which is the greatest difference between a man and a beast, cannot be satisfied with these things.

Someone has said that life is many things. It is getting food, getting shelter, hoping, arguing, inspiring, sorrowing, and, in the center of all, it is the process of getting ourselves believed in and accepted—the desire for self-adequacy, the urge to be somebody, to achieve prominence, to rise above mediocrity—these are life's most powerful drives. The desire for a feeling of personal worth.

Now, to accomplish these things, we must approach them as we would were we to write a story. If you want to write a story, the first thing to do is make an outline. The outline is divided into four parts. First, we take the present situation, our situation. We recognize the desire or necessity for a change. We have to plan the action to be taken, and then we can probably anticipate the final result.

To write a good story, one must have a clear conception of the end before the beginning. That applies to life.

We dentists start with the premise that. "This is what I hope to accomplish. This is what must be done today. This is what I must do to bring it about."

Most of us, besides freedom, comfort in the present, maybe a little luxury, want financial security against sickness and dependence in old age. We want happiness within our inner selves and hope for eternal life. We want esteem from those and with whom we serve.

That means that we want comfort, security, esteem, happiness and hope. The first two of these, namely, comfort and security, are controlled entirely by economic financial factors. The last three are controlled by personality, state of mind, and faith.

While remarkable scientific progress has been made in the field of dentistry, the economic factors governing practice have been almost completely and totally ignored. I hope that won't be true of the new school in North Carolina.

There is no telling how much longer the present boom and high prices will last. We are overdue for a depression that always follows a war. With heavy expense for defense and welfare, the present inflationary phase may support us for several years longer—then again, it may not. Resistance is beginning to show itself in many needs. This may be illustrated in falling prices and business recession.

Dentists are in business. They profit during periods of full employment and suffer economic reverses in times of recession. During the war there was a scarcity of dentists and a heavy demand for them. Dentists, in common with other producers in general, enjoyed this prosperity and likewise developed some bad business habits. Let us look at some of these bad habits.

They developed an independent attitude that grew out of appointment books being filled three or four months in advance. They threw undue emphasis upon the most expensive service, the prosthetic service, and grew indifferent to the most important, but less expensive operating procedures. They grew indifferent to individual patient education and case presentation.

Dentists who during the war and the inflationary years ignored courtesies and made it plain that their sole interest was in big cases, may now expect a falling off in patronage. Many people are beginning to deliberate before they contract for several hundreds of dollars for prosthetic care. Money for dental care is not as plentiful as it was several years ago.

The take it or leave it attitude, excessively high fees, an independent manner, should have no place in present dental practice.

Business in general is finally returning to the competitive situation that is necessary in order to do a more vigorous job of serving.

It is hard for the business man to make this adjustment, and equally hard for the dentists. Anything could be sold during the war years, and consequently ordinary courtesy was neglected.

When we come to a recession, all the more vigor will be required. Resistance requires more enterprise rather than less.

The amount of collections was pressed to the forefront a month ahead. Already dentists have begun to notice that payments are not as prompt as they were a year or two ago. The practice of part payment has returned. Patients who paid promptly and in full, are now slower and paying by installments. Unless the dentist has kept close attention to it, he may not have noticed this subtle change that is occurring in the paying habits of his patients.

The idea of one payment on a cash basis is an ideal arrangement. However, if we are required to extend credit, we should try to do so on the same basis that business organizations do, and that includes a collection system as realistic as that followed by business.

Although dental service is not sold by advertising on radio programs, nor should it be, the fact is that dentists must give closer attention to patient education. That is the basis of service.

As buying resistance grows, it is more necessary for the dentist to concentrate on his individual case presentation. The dentist who has fallen into slovenly business habits and has neglected his inner personal relationship needs to make a self-inventory if he expects to succeed in any period of recession. It is anybody's guess when the recession will begin and how severe it will be. It is wise, therefore, to arrange our affairs. I might say that what is needed is prudence, not panic.

There are two types of ability required for success as applied to dentistry, the ability to produce good dentistry, and the ability to create an appreciation for the good service. They are equally important.

You know that many of us are not applying ourselves as diligently as we should. I am reminded about a farmer who was asked to join a group for the purpose of learning better farming methods. He replied, "Nope, I don't believe I will, because I ain't farming half as well as I know how now." I think that applies to many of us. We are not doing half as well as we might. Some of this is attributable, no doubt, to faulty educational procedure.

It is not my purpose to discuss social economics, except very briefly. Neither is it my purpose to propose any particular plan of dental practice.

Dental surgery, like all other commodities, is affected by the law of supply and demand. This demand falls into two aspects. First, the absolute demand, and secondly, the relative demand.

The absolute demand need for dental service is unlimited in that everyone needs dentistry, and sooner or later, as a result of pain, inconvenience, or desire to improve personal appearance, or fear of jeopardizing health, they come to the dentist.

The relative demand depends upon the patient's ability to pay for dental service, either by themselves, or through some form of aid and their willingness to forego other things in favor of dental service. This is controlled primarily by the income level of the people.

You know, we can produce any result we want, statistic-wise, but we do know 41 per cent of the income-producing persons earn \$2,000 or less; only 6 per cent earn \$5,000 to \$10,000 and less than 2 per cent have an income over \$10,000. From these figures, it is evident that the income of the dentist is derived from the less than \$2,000 to \$10,000 income group level—the small business man, salaried employees, the professional men, and people in small business making small investments. We therefore arrive at the inescapable conclusion that the income of the dentist is related to the real income level of all the people.

Another important factor in the relative demand is the patient's willingness to forego other values in favor of dental care. This is a matter of individual psychology or dental consciousness. Some people in the \$1500 group will make sacrifices to secure adequate treatment, while others in the \$10,000 group will neglect their mouths. Here is where social economics or dental education enters the picture.

Dental surgery—service and commodities. Unfortunately for the health of the people, automobiles, liquor, cosmetics and other items in the luxury group, exert a stronger appeal through advertisers, through expensive publicity campaigns, which play on human emotions. Realistic appraisal will show that our social economics and dental economics are real factors, the area of operation is limited, particularly among the lower income groups. The fact remains that the purchasing power of the people determines the level of income of our profession.

In a study of dental economics, dental practice control or management, we must consider first the following principles: The recognition of the purpose of dentistry.

I made a statement, "Get your principles and the tails will take care of themselves."

Faulty concepts result in a great many failures.

Recognition of the purposes of dentistry; the practical application of the principles of ethics; the analysis of the patient's conduct; the factors that enter into patient-dental relationship; the recognition of problems; the establishment of regular and routine procedure; point to the elimination of unfavorable developments which underlay the practice; the need for sound evaluation, of simple record keeping to insure the proper conduct and practice; finally, we should have a practical knowledge of dental jurisprudence.

From the above, it can readily be seen that this cannot be in a course of dental practice management or control. As a matter of fact, there is no sure-fire formula based upon social enterprise or high pressure sales methods or desirable locations or any equally unimportant factors to control the practice. All that is needed is a sincere and constancy of purpose and a determination of effort.

What are the purposes of dental practice? The most primitive is the alleviation of pain, as a toothache often results in neglect. We are called upon to treat dental factors which arise from neglected caries and disease which may undermine the general systemic health. We are expected to treat congenital or inherited physiological conditions. We are required to protect the teeth and the tissues from disease. We must treat the patient both emotionally and psychologically as well as physiologically. More recently, we have been called upon to assume the responsibility of advising in the field of diet and nutrition. All those purposes are of primary concern, and we must not overlook proper limitations as to lose all practical value for the patient. Cooperate with the families and a certain dental plan should be formulated as a consideration for the patient's general well being.

To accomplish these things, good management and better practice control methods will increase it more than a schedule of increased fees. More patients can be served and your professional needs can be narrowed down to adequate financial sources.

We will attempt to discuss some aspects of it, dealing more toward principles than with techniques. We shall try to evaluate sound professional compatible business practices that can improve the income of the dentist, his pursuit of happiness and the practice of his profession.

Neither in our dental schools nor in our literature have we given due importance to the business side of dentistry. At the present time less than 2 per cent of the curriculum is devoted to the business side of dentistry. In many circles, the subject is still taboo, where it should receive discussion, and it has been looked upon as something unimportant and dangerous to the dignity of our profession.

There are several approaches to the dentists' economic problem. The elaborate bookkeeping and record systems have been devised, salesmanship has been stressed, so-called philosophers of dentistry have been created. Neither the bookkeeping nor the psychology of salesmanship have resulted in the success which was promised. The successful conduct was built upon sane and business principles under the discipline of like professional standards.

The problem of dental practice reduces itself to two procedures of equal importance. First, the rendering of dental services according to acceptable and creditable present standards; two, planning the business conduct of your dental office so that this office service will return adequate and just financial rewards. We all know what constitutes high professional standards in rendering dental service, so there is no need to dwell on the first procedure.

What affects dental income? Three principles are involved, in dealing with dental income. First, the economy of time, energy and materials. Second, the total cost of these items, and third, the fees which are to be charged and collected. Economy of time and energy, coupled with integrity, are your best assets and constitute your stock in trade. Your capital dissipation of them is a definite business liability. In my opinion, that is one of the greatest weaknesses in our present system, as our boys haven't been taught how to concentrate and manage their time and energy. Efficiency in making both time and energy productive has a very important bearing on dental income. Learning to perform operations at the chair, in the laboratory or in the business office with a minimum of expenditure of time and energy will result in more time and energy for more patients with a resultant larger income.

May I offer some suggestions to accomplish these objectives? First and foremost, there should be less visiting with patients in the office or over the telephone. These are simple things and we all know them, but being so simple and being known, we ignore them, of course, in the overall relation to our income.

Keep adequate sufficient detail and informative patient records.

Practice by appointments only. Reduce the instances of broken appointments and late appointments by whatever means you find suitable to your practice.

Relatively longer than shorter appointments wherever indicated. Emergency treatments, denture adjustments and post-operative care should be inserted in the daily schedule where we will least disturb the continuity of the plans for the day.

Another important consideration is the elimination of mistakes. Mistakes are time-robbers. Careful and well planned procedures help to eliminate them.

The dental assistant should assume every possible function that she can perform adequately and legally, leaving you free mentally and physically to concentrate on the things that you alone can do.

Do everything possible to overcome the patient's fears and uncertainties so your service may be rendered speedily and pleasantly. This is most important in the conduct of saving your time and energy. The patient comes to have his teeth cared for—he doesn't care who won the ball game or who is going to be elected president in 1952. He wants his work done as painlessly and efficiently as it can be, and as quickly. So, it is very important that we do this.

Careful supervision of office expenses, with the avoidance of waste. Of course, this reduces overhead and increases the net income.

Many of us neglect the importance of the care that we give our equipment and instruments in order to insure longer life. It is very important to bear in mind that repairs and replacements should be made. Above all else, take advantage of the economies that may be made through the careful purchasing of these supplies, and buy them in larger lots.

Our stock in trade is our time, energy, and skill. How we evaluate them in money determines what we receive for them, just as do the merchants' price tag on his merchandise, and, gentlemen, you alone can establish the value of your service. No one else can do it for you. There are many problems in evaluation in dental practice management that are individual problems. The personal equation enters into it, and no standard formula can be set for it.

Establishing fees is one of them. When you come to the point of establishing a fee for your services, you and you alone can honestly evaluate what that should be.

The problem of income, then, is met in three directions—a fee, individual for all our services, the basis of which is a minimum profit fee which, in turn is based upon a determination of all overhead and production costs, productive hours, and in net desired income reduced to the same unit. That is the formula. A fee schedule for all of our services—and I mean all—the basis of which is a minimum profit fee.

Understand, I believe in the minimum fee, which is in turn based upon a determination of all our overhead and production costs, per productive hour, and the net desired income reduced to the same unit.

To accomplish this, it is necessary to know as accurately as possible the financial status of each patient, both with respect to the fees to be charged and the amount of their collection. Classify patients in relation to both your fee schedule and terms of patients. It is not desirable to have too many cases of patients with their respective financial capacities, but it is necessary to have such a classification suited to your practice. By this method you can demonstrate a profit for all income groups. This can be accomplished by merchandise and materials, but it is easy when we realize that we require professional services to fit each patient's needs as we meet them based upon the patient's financial capacity. It is important to the whole income picture as to how we present these procedures to our patients.

The ideal relationship is when a dentist determines the service which he believes the patient should receive, tells him its cost and agrees with him on the terms of payment before proceeding with the work. The patient's needs may be met in many cases with acceptable dentistry in somewhat different ways involving different costs to us and to him. There are many valid reasons why they may be given a choice of type of service.

Never should be tell a patient that we are offering the best or the second best, but when we are discussing the need of the patient, based on our knowledge of the bill the patient can afford, we should talk to the patient about the ideal, or we might compromise with the alternate, or we might suggest an emergency service, but never a best and second best. Psychologically, that is a very important factor to remember.

When you are discussing alternate prescription or procedures in serving the patient, you are doing it based on your knowledge of their capacity to afford it, and so of course, we have an idea. You offer that idea and if, for practical reasons, they can't afford it, then you compromise with an alternate suggestion or with an emergency suggestion, but never with a second best. Never say, "This is the best. If you can't afford that, this is the second best."

Whenever we present this choice, the advantages or disadvantages of certain procedures should be carefully noted and explained. Any solution presented that does not recognize that involves a lowering of professional standard no matter how artfully it may be done or for however valid the reason for the alternate solution is in which the patient is given the choice on the basis of cost.

The more we can follow the procedure of allowing our patients to decide the recommended procedure and the best practical solutions for their needs, and provide these services at fees which we know are fair to the patient and ourselves, the more worthy of our profession we become. If you have studied the patient's financial status through a credit report and investigate before you attempt to give him an estimate on

service, then you can intelligently recommend to that patient that which you know the patient can afford. Whenever we find it necessary to depart from that procedure, it should be done on a high professional level.

What are some of our failures and inconsistencies in accomplishing our objectives? They are simple, and you all know them.

I should say the first, most important and formal is faulty guiding principles and concepts, faulty patient reception and education; faulty case preparation and presentation; faulty practice organization and lack of efficiency. Those are the things that rob us of our income producing capacity.

There are many inconsistencies that we are all guilty of. There are inconsistencies in charges for dental services. More business-like methods of determining fees should eliminate them.

One of these is that of charging lower fees for children than for adults. It is a common practice, and there is no sound basis for this practice. As a matter of fact you all know, if you are honest, if you render good operation service to a child, it takes more from you in the form of energy and skill than when you are dealing with an adult. It justifies a commensurate fee. In the long run, you are rendering a better service. It is much better to render a good service to this individual, this child, than it is to patch up these old, worn out, broken down, battered up jalopies.

We earn a better fee when we do it, and we are justified in getting a better fee, but you know it is common practice to charge lower fees. That is one of the inconsistencies of our present system of business management.

Emergency treatments are too often on the free list. Examinations are either worth nothing or worth enough to justify a fee. As most of you know, mother brings Johnny in and we have a 30-minute procedure. I tell them we will be glad to make an examination at a regular time. It will raise the value of your service in the estimation of the patient and collect a fee commensurate with the service you render. Physicians do it.

The only thing you have is time and skill and energy—it is all you have, no matter how you spend it. It is the valuation we place upon it.

In a questionnaire sent to some 500, one of the questions was, "Do you charge for examination?" About 3 per cent did, and the average time spent on examination of those who did charge was 13 minutes. 90 per cent of the people gave the patients estimates for service.

If you would be successful, change places with your patients and understand the patient's needs and make yourself plain to the patient.

In doing these things, it sounds rather easy, and we are handicapped when it comes to many of them because of our lack of training in those areas, of our lack, if I might use the word, of intelligence that we should have.

At luncheon today, I was discussing with Dr. Johnson one of the weaknesses, I think, of both the dental and medical profession, and that is the failure to train our graduates in the field of social philosophy, for the want of a better word. Until that is done, we will not be able to realize the benefits that we should, nor will we be able to give the patient the best service that we should.

There is no one who can say just at what point the various areas of training should be developed in professional school. As you know, there have been many books written by psychologists on the importance of various areas of training. I think they are classified according to artistic intelligence, training in those areas, artistic attainment, where a person superior and which, of course, would cover artists, musicians, and creative thinkers. Of course, they are superior in that area of intelligence. Then, we have an area of verbal intelligence which has been stressed by our schools, although it probably doesn't mean as much as some of the others. Verbal intelligence just applies to a person's capacity to think rationally about abstract things, or logically. Usually, this is the area in which actual tests determine the verbal intelligence.

Then, we have mechanical intelligence. Of course you know mechanical intelligence is present in a person who qualifies in mechanical ability—engineers, technicians, dentists, surgeons, those who work with concrete things, not abstract things.

Then we have an area, so sadly neglected, of social intelligence. This is the area in which you are trained to use your intelligence in dealing with people, in getting along with your fellow man. We find that people who are accomplished in this and endowed with this superior intelligence, are great teachers, great religious teachers, leaders of men, preachers, and so forth. They are the ones who are endowed with this social intelligence which gives them the ability to get along with people, know their fellow man, how to direct his thinking, and that has been sorely neglected. I think we and all the professions, and I speak primarily of dentists, need additional training in this area of education. I would say that in order to be a successful dentist, it is an essential.

Many of these things we acquire in our home life and as we grow up, but there are seven basic personality traits that we as dentists should attempt to cultivate because they have a very direct bearing on our financial success or our professional success. I am going to enumerate them.

The first is primary, but then it is important—that is being agreeable to people. It is easy for you to attract patients when there is a demand, but unless you are agreeable, you won't hold them. On the days you don't feel you won't be agreeable, it is better to stay home. Develop the capacity to be agreeable.

Dr. Cane, in one of his postgraduate courses, asked the question of a group: In their visits to dentists, name the dentists and give the reason for selecting him as the best dentist they had ever attended. The peculiarity was they selected this man, and the majority said it was because he was courteous, kindly, and understanding.

He was agreeable. He was easy to get along with. It is very important. Another factor, a trait that we have to cultivate.

You understand, thees things may sound far-fetched, but they have a direct bearing. We are going to discuss costs tomorrow, and we can talk about what it costs for an assistant and supplies, which we can't very well do in a paper of this type—But these things are essential if you are to deal effectively and successfully with your patients.

You have got to be a good listener. We know that the art of conversation is the most enjoyable thing we engage in. Most of us like to talk about ourselves all the time, and we are not happier than when we are doing that. But when we are doing it, most of the time we are making a bore of ourselves.

When a patient comes in and is seated in the chair, one of the nicest things to do is to tell the patient that if they have some troubles they would like to tell you about, you will listen to them. Let them talk.

You know, a most successful insurance salesman was asked what he attributed his success to. He said, "I spend most of my sales time, 90 per cent of it, in listening."

If we let the patient talk, they will sell themselves. When we are listening to a new patient talk, we can evaluate their peculiarities, their needs. We can form some conclusion as to about the approach we should make in handling this patient, if we learn to be a good listener. It is very, very important.

I would say that one of the most important things to learn in handling patients successfully is to avoid arguments with them. That is difficult sometimes. I don't mean run away from any principle. There are many times when we must defend principles, but we can do it tactfully. When your patient hits the front door of your reception room complaining about the heat or the cold, the dentist this and that, and they are mad, you know they are going to raise Cain. Don't let them involve you in an argument. No wars have ever been won by fighting and no arguments are ever won with words. Even if you win your argument, you will lose your patient.

Certainly, they have a disagreement, but better than engage in an argument, tactfully let them get it out. Let them shoot the works. Then, when they are through say, "Yes, I agree with you. I am sure you have a lot of complaints, but—" Give them the "yes, but—" treatment. That is the finest way to handle these arguments, but do it in a tactful way and never be drawn into an argument and lose your temper, where you are going to lose both the argument and the patient, as most of us are prone to do under pressure.

One other thing we must keep in mind in building a successful practice is criticism. If we must criticize, do it tactfully. Of course, I don't have to touch on criticizing your patient. I am talking about criticizing your patient's attitude. You know, if we would only try, we would find something in every individual to compliment them for—we would find something in children and in adults.

You attract them to you and build good will and friendship when you use compliments rather than criticism. If you have to criticize, it can be done very tactfully.

A very smart man had an essay to write to be presented before a large audience. He approached a public speaker of known repute and asked him if he would be kind enough to read it and criticize it. He read it and after he read it, he said, "Well, it is splendid—it is a wonderful paper. I think it is fine. In fact, you have presented some of the most unique ideas I have ever heard."

Well, of course, that inflated the boy's ego. He came back and said, "But, I don't know if what I might suggest would be of any value to you. Don't you think in the concluding remarks, if you do thus and so, that it would improve it?" The young man said, "That is perfectly obvious." "If you agree to that, don't you think probably in your opening remarks, I might make such-and-such a suggestion?" "Why yes, I think that will help a whole lot."

Then, of course, it logically follows that he says there is some part in the body of the paper that needed a little touching up. The boy said, "I will just rewrite the whole thing, but thank you for the suggestions." He hadn't interfered with the unique ideas he had.

That is the way to handle these patients whom we have arguments with. Argue tactfully and carry the point and still keep good will.

There is one other thing I think is important. That is egotism. As professional men, sometimes we are fain to become egotistical, be a big shot. We don't have to start out by telling our patients how good we are and what we have accomplished. Let them find it out themselves. They probably discovered it before they came—that is why they are there.

I advise against egotism. It doesn't pay. I think that humility, of course, is much more to be desired, and we should particularly guard against egotism.

In handling patients, there is another thing that is very important. That is remembering names and faces. That is something that we are all derelict in and something which is most important in our relationship to our patients.

These things, you know, are little things, but as long as they are vital to people, why not salve their ego a little bit and make it pay off in dollars and cents?

That is what you are doing—you are selling yourself, whether you think so or not, and by recognition of these idiosyncrasies of human nature, that is what it is, and using your knowledge of that, you can influence people to do what you want them to do.

Remembering names is one of them. What greater, more important sound than the sound of your name? It is really true. We like to hear our name.

You know, this boys tells a story of when he went to Chicago. He went into a hotel, and hadn't been there for a year. He walked up to the desk and the clerk said, "How do you do, Mr. Jones? I am glad to see you. I hope you find that your room is nice and comfortable."

He went back home, telling his friends about his experience. He said, "I haven't been there in a year. I walked in there and this hotel clerk called me by my name and told me how glad he was to see me. He has probably seen a thousand more people." He said, "That is a wonderful hotel. When you go up to Chicago, stop there. They are fine. I am going to stay there always when I go."

Remembering names is very, very important. They are proud of it, particularly when mother brings the little boy in and you haven't seen him in some time. He is brought in to the reception room. You haven't had your secretary or your nurse bring his name in ahead or his chart so you can see them. You walk in and pat him on the head and say, "Hello, Sonny, how are you today?" He doesn't like it and his mother doesn't like it either.

There is a story about that. This mother went home after such an experience. That night she talked to her husband about it. She said, "I don't think Dr. Jones is very much interested in children. Don't you think we ought to change dentists?" He said, "Why?" "He didn't remember Sonny's name today." The husband said, "He sees a lot of children. He is a good man—don't hold that against him." He passed it off that way.

Two or three days later he was talking to the fellows about it, and he said, "You know, to save me, I can't see how he could forget a bright young child like Johnny. He is the brightest child in town."

You see, it affected him, too.

That is one way to help build your practice. I can't remember my own name part of the time, but I can certainly make the patient think I remember his name because every patient, when he is seated, I have a little card with his name on it or a chart to look over before I go in, so I can call the child or party by his first name.

Remembering names is very important. If you can't cultivate the habit, make it a point to pay somebody to be sure you do remember the name as far as patients are concerned.

One other consideration that is most essential and vital in building a successful practice is interest in those we serve. That might sound a little trite. How often do we become indifferent to the people we serve so that it becomes routine? Sincere interest in the people you serve does more to open hearts and bring friends than any other thing, and I mean an honest, sincere interest in their welfare. It is something they can sense and feel and it is something we must cultivate.

Our financial welfare is only begun with a satisfactory income from practice. What we do is money, what we waste goes through our hands. Truism that is it, it is not only what you make, but what you save that counts, it is still true.

It is therefore important that we give serious thought to these things, and that we can follow out good advice in our investments. Unless we are diligent and intelligent about the disposition of what we earn, all else is going for naught.

I am not a financial advisor, but, broadly, I say for the dentists that there are only three ways to create an estate—life insurance, ownership of equities and accumulation of cash savings. Of course, in a period of inflation such as we have, accumulation of cash savings is certainly not a sound procedure. Purchase of life insurance is something that should be approached with the full knowledge of what you are doing. Perhaps you had the experience I had—after all, I don't think experiences have been different. When a dentist steps out of school, before we know what it is all about, we have tried to buy two things with one insurance policy. In buying life insurance, you can buy either protection or you can buy security for your old age, but you can't buy both with the same dollar. In buying life insurance you buy protection for the responsibilities and then you can pay another dollar for retirement insurance for your old age.

So, when you begin to look into life insurance, certainly you should consummate it with a person in whom you have confidence as a councillor to advise you how to invest your insurance dollars. In other words, you can make just as many mistakes or have as much success in the stock market as in investing your insurance dollars.

When I refer to ownership of equities, I mean in real estate.

In conclusion, in the economy we will find that concise conduct of practice from both business and professional angles will always serve best to keep our income upon a basis of adequate compensation.

This implies more than just financial rewards important though that may be. It implies intangible, priceless joy which comes from a consciousness of work well done and well rewarded.

Thank you very much.

PRESIDENT McFALL: Dr. Garrett, we are very, very grateful for that very informative and inspiring and challenging paper on Practice Management.

I am sure that all of us who went to Atlanta will rejoice that Bill has just been elected president of the Emory Alumni Association, and we are all proud of that.

I am glad to announce that C. W. Sanders was elected vice-president of the dental part of the General Alumni Association, and we are proud of that.

SECRETARY HUNT: I would like to add just a word to what the president said about Dr. Garrett. His was one of the nicest and warmest and most informative presentations that we have had before the North Carolina Dental Society in quite some time.

Dr. Garrett, I personally want to thank you on behalf of the Program Committee and the Society.

DR. GARRETT: Gentlemen, if you will pardon me for appearing before you again—tomorrow, I notice on the program we have a period of an hour for questions and answers dealing with the mechanics of operating your practice. I hope that you will have questions. I told you at the beginning that I am not an expert, but I trust that they will deal with the mechanics, professional expenses, in anything you wish and in their relation to your productive time and consequent results—the relationship that your expenses bear, such as rent, salaries, stationary, laboratory needs, and what relationship they bear to your fees. How these should compare in relation to those—all those factors that enter into the establishment of fees and controlling your expenses, so that you can determine what the net desired results will be—I consider that the mechanics of running your office.

I think that those mechanics should be controlled primarily by your secretary or your nurse or your assistant, and auxiliary, but it is the dentist's responsibility to establish the system by which his office is operated.

So, any question I can answer in regard to the system in our question and answer period tomorrow, I hope you will come prepared with them.

Thank you very much.

PRESIDENT McFALL: I have always felt that at every State meeting we should have a definite report from our State Board of Dental Examiners. I am so glad that this year Dr. Hunt and his splendid group on the Program Committee have built for us a program as fine as we have ever had, that he has included the Secretary of our State Board of Dental Examiners, on the program.

Those of us who have studied and loved dentistry know that dentistry lives on a three-legged stool. The first is dental education, the second is the State Board of Dental Examiners, and the third are the professional services that you and I render as individuals when we become Doctors of Dental Surgery, or D. M. D.'s.

So, we have for our next speaker, a man who has no peer in North Carolina Dentistry and in his diversity and his manifold services to the good State of North Carolina, because he has served from the day he got out of dental school on a local level, on a district level. He has been through every honor that North Carolina Dental Society can give him, and he has given full-time service to the North Carolina State Board of Dental Examiners, Dr. Frank O. Alford of Charlotte.

PERTINENT FACTS ABOUT THE DENTAL LAW IN NORTH CAROLINA

DR. ALFORD: Mr. President, fellow members of the North Carolina Dental Society, and Guests:

The first dental Bill was introduced in the North Carolina Legislature in 1876, entitled "*An Act to Regulate the Practice of Dentistry in North Carolina.*" This bill was defeated. The next attempted legislation was in

1876, when a Bill was introduced, entitled, "*An Act to Regulate the Practice of Dentistry and to Protect the People Against Quackery in Relation Thereto in the State of North Carolina, and Providing Penalties for the Violation of Same.*" This act was ratified on the 7th day of March, 1879.

From the titles of the two Bills, it can be seen that the first one, which was defeated, was to regulate the practice of dentistry. The second one, which became a law, was to protect the people as well as regulate the practice of dentistry. Since the first dental law was enacted, it has been amended several times. In 1935 the law was amended and re-enacted which is our present law, with an amendment in 1945 to provide for the protection of the public. Probably we would not yet have a dental law had it not been written and enacted in the interest of the public welfare of North Carolina.

The first dental law provided for the establishment of the North Carolina State Board of Dental Examiners. The six members of the Board are elected by the North Carolina Dental Society and commissioned by the Governor. The Board is an agency of the State of North Carolina and is responsible to the State Government, as well as the North Carolina Dental Society. It must make a report to the Governor of the State annually. It must also file with the Secretary of State all rules made by the Board, which become legal when filed.

The Board of Dental Examiners, being an agency of the State, is responsible for the regulation of the practice of dentistry and the enforcement of the dental law, as written by the Society. It acts in all legal matters under the counsel of its attorney, Honorable I. M. Bailey, of Raleigh.

The members of the Board of Dental Examiners are empowered with the duty and responsibility of enforcing the dental law and of rendering justice. They are under oath to do so just as much as any Court Judge. It is not the duty of the Board of Dental Examiners to write or change the law. This is done by the Legislative Committee of the North Carolina Dental Society on the request and the approval of the Society, and enacted by the Legislature.

In 1947 every dentist licensed to practice in North Carolina was sent a copy of the "Law Governing the Practice of Dentistry and Oral Hygiene in North Carolina." Since that time, a copy has been enclosed with each original license when such was issued. So every dentist licensed in the State has received a copy of the law. How many of us have taken the time to read and digest the law and how many know what we can, or can not legally do in our everyday practice?

1. A licensed dental hygienist can, "Treat human teeth by removing therefrom calcareous deposits and by removing accumulated accretions from directly beneath the free margin of the gums and by polishing the exposed surfaces of the teeth, provided that nothing in this act shall be construed as affecting the practice of medicine or the practice of dentistry as provided by law."

The Board of Dental Examiners frequently receives reports of violations of the law. These reports are not made usually in the form of a sworn affidavit. In order to prosecute a case of violation, it is necessary for the Board to have evidence in the form of sworn affidavit, or unimpeachable evidence which will hold in Court. While the Board of Examiners is not a detective agency, it endeavors to investigate all of these reports. Upon investigation, the violator invariably claims his innocence, or denies his guilt because of ignorance of the law. There is no excuse for such ignorance and such excuses should not be and are not acceptable. Each of us should acquaint ourself with the provisions of the dental law and then abide by them.

During the past four years the Board of Examiners has withheld four renewal licenses for cause. These suspensions have not been publicized, but you may be assured that the violators realize that there is a dental law in this state and it can and will be enforced, if sufficient proof is furnished to the Board. I have been told that a member of this society, in an open meeting of office help, made a statement to that group, in essence, that the Board of Dental Examiners would not prosecute a violator, so they had nothing to fear in their infringement on the law. He evidently has not been present in an executive meeting of the Board when one of these violators has been given a hearing. Such statements, whether true or not, will tend to destroy the effectiveness of the law and tear down the morale of the profession.

There are many of us who feel that the law was written and enacted for the other fellow's benefit and it does not apply to us. Some of us would quickly report a laboratory technician who had taken impressions and made dentures for a patient. We might severely criticize the Board of Examiners for not prosecuting the violator, yet the Board might not be able to secure sufficient evidence to convict. That same man who reported the case (and he should have reported it if he knew of such violation) might be permitting his assistant or office help to daily perform in his office acts which are defined as the practice of dentistry by law, and are in violation of the law. She may be giving treatments, doing prophylaxis, or violating the law in many ways, which is as much a violation as the case of the technician who made the dentures for the patient. She is not the only violator in the case, but so is the dentist by employing an unlicensed person to perform in his office the acts defined as the practice of dentistry. Such violations are happening in some offices every day, perhaps unintentionally. Many of these cases have not been reported; many which have been are not accomplished by affidavit and which the board has not been able to obtain sufficient evidence for conviction.

Section 6 of the Law Governing the Practice of Dentistry in North Carolina states, "No person shall engage in the practice of dentistry in this State or attempt to do so, without first having applied for and obtained a license for such purpose from the North Carolina State Board of Dental Examiners, or without first having obtained from said Board a certificate of renewal of license for the calendar year in which such person proposes to practice dentistry. A person shall be deemed to practice dentistry in this State, within the meaning of this act and this section

of this act, who represents himself as being able to remove stains and accretions from teeth, diagnose, treat, operate, or prescribe for any disease, pain, injury, deficiency, deformity, or physical condition of the human teeth, alveolar process, gums or maxillary bones and associated tissues or parts, and/or who offers or undertakes by any means or method "to perform any of the above named acts, or to take impressions of the teeth or jaws, and/or who engages in any of the practices included in the curricula of recognized and approved dental schools or colleges."

The above named acts or practices constitute the practice of dentistry. They can legally be performed in this State only by a duly licensed dentist, with the following exceptions:

2. A dental technician can, "Make either written orders, prescriptions, casts, models or impressions furnished by a duly licensed dentist artificial restorations, substitutes, appliances, or materials for the correction of disease, loss, deformity, malposition, or associated tissues or parts."

A laboratory technician cannot legally have any contact with the patient, nor work directly for the patient. He must work on orders, prescriptions, casts, models, or impressions which are furnished by a duly licensed dentist. It is illegal for us to send a patient to a laboratory for the technician to perform any act of dental practice directly for the patient.

To summarize the law as interpreted by the attorney for the Board of Dental Examiners, a licensed dental hygienist legally can clean teeth only; a dental technician can work only for a licensed dentist on explicit directions from him; an assistant, office girl, or nurse cannot legally perform any of the acts defined as the practice of dentistry, but she *can* assist the dentist while *he* performs these operations.

There is no provision in the law which permits a dental assistant or unlicensed office help to perform any operation, such as treatments, prophylaxis, diagnosis, prescribe for pain, take impressions, or perform any other operation in the mouth of a human.

There have been many reports of office help giving prophylaxis, treating Vincent's infection, giving post-operative treatments, applying sodium fluoride for prevention of dental decay, treating toothache by inserting temporary fillings with eugenol underneath, and even preparing cavities and inserting restorations. Perhaps the most common reports of these violations is the giving of prophylaxis. It is hard to believe that the type men we have in this state would flagrantly violate the dental laws or allow it to be done in their office. This is an infringement on the legal and moral rights of every licensed dentist and licensed dental hygienist in North Carolina. It is also an imposition on the public welfare and a direct violation of the dental laws.

The inadequate number of dentists to supply the demands for dental service during the past few years has caused many practitioners to delegate much of his work to auxiliary help. I doubt there is a realization of violation of the dental law in so doing.

The Board of Dental Examiners has had request for permission to allow licensed dental hygienists to apply sodium fluoride for the prevention of dental decay. The attorney for the Board advised that the law, as written, would prohibit this and the Board of Examiners has no authority to permit such practice. The Attorney General of North Carolina has been requested to give an official ruling on this particular section of the dental law and we are now awaiting his opinion.

If our dental laws are wrong, let's correct them; if they are weak, let's strengthen them, but let's not jeopardize our heritage by lowering the standards of the profession in North Carolina. This state holds an enviable position in dentistry. We have one of the best, if not the best, dental societies in America. Many states would like to have our dental laws. The American Association of Dental Examiners has adjudged our law as the best and most complete in the nation. We have men from all over this nation, and many foreign nations, writing weekly for information concerning license to practice in North Carolina. The position we hold in the dental profession did not just happen. It has taken from 1876 to present time, through hard work and careful planning by the pioneers of the profession in the State, and the high ideals and wisdom of the members of this society throughout the years to attain our present position. Let us by all means hold it.

As we all know, a bill was introduced in the last Legislature of North Carolina to make all examining boards of the State subservient to a so-called Super Board, or Board of Appeals, which would have been composed of political appointees. Had this Bill been enacted it would have taken all of the authority from all Examining Boards and would have placed the professions at the mercy of the politicians. By so doing, it is probably that the professional standards would have been so lowered that it would have endangered the public welfare and health of the State. The dentists of the State are due credit for the defeat of this Bill. We were the only group to appear before the Judiciary Committee with more than one to three representatives. We had about forty present to oppose the proposed legislation.

With limited dental personnel and heavy demands made on the profession for dental service during the past few years, there has been an effort to meet these demands by the lowering of standards in some sections of the country. Last July in Massachusetts a law was enacted to provide a program of dental research, for the training of feminine personnel, who shall be enrolled as hygienists. This program is to be conducted under the supervision of the department of public health, and the Board of Dental Examiners, for a period of not more than five years. All funds for its operation shall be furnished by the United States Government through Federal Security Agency. For the purposes of this research program, any student enrolled therein may prepare and fill cavities in children's teeth under the supervision of a registered dentist in a dispensary or clinic approved by the commissioner of public health. It seems that if these girls who are enrolled as hygienists are adjudged competent to fill teeth for five years under the supervision of a registered dentist, then they should be competent to continue such practice indefinitely. While

this is a temporary law and a research program, it seems that it could have dynamite in it. Dr. John C. Wilson, Secretary of the Board of Dental Examiners of Massachusetts has informed me that there is now before the Legislature a bill which would repeal this existing experiment. In the State of Connecticut last year the dental society sponsored a bill in the Legislature to regulate laboratories and to prevent laboratories advertising and working directly for the patient. The bill passed the house and received only one opposing vote in the senate. It is reported that because of the activity of the A. F. of L., the C. I. O., and political groups favoring a cheaper and inferior service, the Governor vetoed the bill. My authority for this is a report from Dr. Lewis M. Cantor, a member of the Connecticut Board of Dental Examiners and published in the 1949 Proceedings of the American Association of Dental Examiners.

These laws should be of interest to us because what happened in these States could happen in North Carolina.

As a member of the Board of Dental Examiners, I am asking each of you, as your duty to the people in North Carolina, and as your duty to the dental profession in North Carolina to report any case of violation of the dental law. These cases should be those which you have positive proof of and can, if necessary, furnish a sworn affidavit to substantiate your report. It should be remembered that the law is not discriminating in its application. It applies to all alike, regardless of race, color, creed or prominence. The State Board of Dental Examiners is not a political body. It shows no favoritism. It did not write the law. Its responsibility and duty is to enforce the law, which this organization wrote and had enacted. With your continued cooperation the Board members will endeavor to give their very best so that the people of North Carolina may be protected, and the high standards of the dental profession maintained.

PRESIDENT McFALL: Our final speaker for the afternoon session comes to us with a great deal of experience and background for what he is going to talk about. He is a past Section Chairman and a Past President of the American Association of Dentistry for Children. He has been Section Chairman of Dentistry for Children and Oral Hygiene of the American Dental Association, and Section Chairman of the Orthodontic Section of the American Dental Association. He has been, for a number of years, a teacher of dentistry for children at Emory University. He now heads the Department of Orthodontics at Emory University. He is a man who has given clinics in two-thirds of the states in America. He has served as a member of the Board of Pedodontics and the American Academy of Pedodontics. He is at this time the Supreme Grand Master of the Psi Omega Fraternity.

He comes from Tennessee, natively. He is living at Atlanta. He had a practice in Atlanta of a combination of dentistry for children and orthodontics second to no man's practice of that combination practice in the United States and Canada.

I am proud and delighted to present to you my dear friend of long standing, Dr. Frank O. Lamons of Atlanta, Georgia.

DR. LAMONS: Thank you, Dr. Walter. My wife says Walter is the only person in the world she is jealous of. Some two weeks ago, I was working on the material I hoped to present to you this afternoon. I went upstairs rather late, and I was sort of complaining when I went upstairs. She woke up and said, "What are you grumbling about?" I said, "This getting up to speak is just a job." She said, "Don't forget when you get up, that Walter McFall is going to introduce you."

That reminds me of a story they tell, a true story, on Henry Grady. He was on a drive one time, to raise some money for the Y. M. C. A. in Atlanta when they built the first Y. M. C. A. He was making his calls on a list of people that had been given to him.

He made a call on Mr. Kiser who was in that day one of the most successful shoe merchants in Atlanta—he had sold shoes all over the South. Mr. Kiser was sitting out in front of his shop, enjoying the sunshine, talking to Mr. Homer Thompson.

Mr. Grady walked up and said, "Good morning, Mr. Kiser." "Morning, Henry." "Nice day." "Yes, it is a fine day." "Spring is really here, and I suppose, Mr. Kiser, you have heard about us putting on a drive in Atlanta to raise some money for the Y. M. C. A." "Yes, Henry, I have heard about that." "Well, now, Mr. Kiser, we were given a list of names, and you were on my list. I have come to you first because I felt that if I could get a subscription from you for this Y. M. C. A. building, that it would mean something to me in getting subscriptions from the other people on whom I plan to call, because, Mr. Kiser, your fame as a philanthropist and as a man of great public spirit is known all over Atlanta. In fact, it is not only known all over Atlanta, but it is known throughout this great Southland. Not only is your fame as a public spirited man and great leader in this section known to the people here, but your fame as a merchant, as a great merchant, is known not only all over this Southland, but even as far away as Boston. I heard your name mentioned as one of the great leaders in this Southland. I came to you because to get your subscription would mean so much in helping me to get these other men to see the importance of this Y. M. C. A."

"Well, that is good, Henry. How much do you want?" "Well, Mr. Kiser, we have you down for \$500." "O. K.—I will give it to you."

And, as Mr. Grady, Henry, turned and walked away after thanking him profusely, Mr. Kiser turned to Mr. Thompson and said, "Now, Homer, don't you believe all that stuff Henry said about me. But it sounds good, and I like to hear it, and I am willing to pay for it."

I started out with an introduction to this talk that I planned to give this afternoon by talking about dentistry as a profession and the serious problems which dentistry faces, and all morning my talk has been given to you by another man, particularly the socialized aspects of the problems that we face.

What our profession faces in the way of socialized dentistry is loss of independence as a profession, loss of free enterprise or the free enterprise system as an incentive for professional growth and continuing education.

I am rather of the opinion that one of the reasons we are facing this particular dilemma, and it is a serious dilemma, is because of the neglect that we as a profession have given to dentistry for children as a service to public and human welfare because, as I read and as I understand all of these laws which are being sponsored to promote some aspects of socialized dentistry and socialized medicine, the beginning is always a service for children. Your able State Board Secretary has just brought out the point, or brought it out again or repeated it for the third or fourth time today, of this experiment in Massachusetts. This experiment in Massachusetts just came about because the profession is just not taking care of children as it should.

I am confident that one reason we are facing this dilemma in socialized dentistry is because our profession has not taken seriously its obligation and its duty to children.

As I look into your program here and look at your clinic session tomorrow morning (and this is not particularly meant to be a criticism, but it is only meant to enforce the remarks that I am making here,) I notice that your clinic session is divided up into about seven different sections. Endodontia—that is an aspect for children; full and partial dentures—a few children need partial dentures; operative dentistry—the subjects outlined here are mostly subjects for adults; orthodontics—that is dentistry for children; oral surgery, periodontia, anesthesia, diagnosis—most all dentistry for adults.

This is not only true in this State, but it is true in my State and it is certainly true of the American Dental Association. If you don't believe me, when you go to the next American Dental Association meeting and go to the clinic session, you will find on this side of the room twenty clinics, table clinics on the latest and best in full dentures. They are standing ten deep around these clinics. You go to this room here to clinics on dentistry for children and two men are standing in front. The reason those two men are standing there is because their friend is giving the clinic and they went over to speak to him, and he says, "While you are over here let me show you what I have the clinic on."

Not only is the dental profession facing these serious problems, but there is a changing concept in dentistry which we must face. This changing concept in dental service is not only in dentistry as a health service, but there is a changing concept in the practice of medicine which the medical profession has to face. The man who graduated from medicine ten years ago, if he remembered everything that he learned in medical school but had not learned anything since, could certainly not practice medicine today. He wouldn't have plasma, he wouldn't have penicillin, he wouldn't have aureomycin, nor he wouldn't have the sulfonamides. Think of all the things that he would not have the knowledge on to use. Yet, today, essentially the practice of medicine incorporates all of these things.

The practice of dentistry is dealing with the same thing—a changing concept of practice. Not only is this changing concept of practice becoming very important, but we are getting a changing concept due to research through which we are getting fluorine, ammoniated dentifrices. We have

been through the gamut of diet and a glass of orange juice a day and glass of milk a day. There is nothing more disturbing than for a mother to come in and say, "Why has he got seven cavities? He drinks two quarts of milk a day?"

But research is providing a great many more things, but the changing concept of dental practice is brought about by another thing which is of our own making. We are responsible for it. This changing concept is due to our efforts to educate the public in the value of dentistry as a health service. Let me repeat: To educate the public in the value of dentistry as a health service. In no place, in no section of the country and in no state in the country has this service been brought out and more forcefully employed and used than under the leadership of Dr. Branch in this great state of North Carolina.

Dr. Branch, I salute you for what you have done, (Applause) to bring dental health to the people of North Carolina and to bring to them knowledge and information as to what dental health can mean to them in happiness and comfort.

You know, we just can't be happy unless we can be healthy. If you don't believe what I am saying, wait until you wake up in the morning with that hangover, which is certainly not healthy, and see how happy you can be.

North Carolina has done a great job, and again, Dr. Branch, I say I salute you because you have pioneered and you have been a leader. But whom have you educated and to whom have you talked? Children. Where has been your greatest effort? Children. Who receives your efforts? Children.

Not only has North Carolina led the way, but the American Dental Association has come along and led the way.

Now, we have a national Children's Health Day, and it is a fine thing. It is going to do a lot of good.

We have recordings by movie stars which bring home the truth very forcefully and very effectively. I never could get anywhere talking to my 16 year old daughter who is going to graduate from high school a week from this Friday night, about why she should not go to the drug store as soon as she gets out of school, thinking that the best meal in town is a malted milk or a banana split. But when I carried home the movie records, Bing Crosby and Bob Hope, men she greatly admired, she listened. It is education. It goes to children.

There are dental health movements which are sponsored for children and colorful literature and pamphlets for lay consumption. I brought along some of these because I am leading up to a point that I want to emphasize and I want to stress, and I think maybe it will make sense. The American Dental Association puts out a beautiful pamphlet, "Dental Health for Young America." Here is one from Birmingham, Alabama, "Up to Date? Your Child's Teeth." It has on the back, "Rules." The first rule is, "Take your child to the dentist when he is three years old. Take him again as often as the dentist tells you to."

The American Dental Association puts out this beautiful thing. If you look at page 5, it says, "A pre-school child. When a child is two and a half years of age, he usually has all twenty primary teeth. Sometime between ages of two and three, he should make his first visit to the dentist, whether or not treatment is necessary."

The child's first visit to the dentist at three years of age. We put this out, the dental profession, and I have put out my share of it in the twenty-six years that I have been practicing and talking to P.T.A. groups, and whatnot, and some of the people have begun to believe me. There are only a few of my friends that know me and that say that I am a chronic liar, so the people that I have become associated with have begun to believe me and they have begun to take me seriously, and so they bring their children to me at three years of age.

But I would like to point out to you what would happen in North Carolina if the people in North Carolina took the dental profession seriously and brought all of their three year old children to you this year.

I have just collected some figures from the United States Department of Commerce Bureau of Foreign and Domestic Affairs, from the Field Service, which deals with vital statistics and special reports. According to these figures, in 1947, which was three years ago, there were 112,877 children born in North Carolina. Some of these children were yours. Of these children, 79,000 were whites and 33,000 non-whites. The number of deaths under the first year is 3,983. Number of deaths in the second year, 347, and the number of deaths expected in the third year, 95, a total of 4,425, which means for the State of North Carolina a total of 108,452.

The Department of Commerce, and they are the most reliable people we have, says to me that the number of dentists in civilian practice as of December 31, 1949, for the State of North Carolina amounted to 978. Arithmetic is easy—it doesn't take too much to figure out that if these children were divided up equally in North Carolina, every dentist in North Carolina would receive into his practice this year 110.88 children—110 three year olds if we were to do this job which we have been telling people should be done. By three years of age, the child should make his first visit to the dentist, and if we take it seriously, there will be 110.88 children, and I don't want you to forget that .88, who will come to your office this year seeking that first examination and that introduction into dentistry and the great values that dentistry can give to health and happiness of the individual.

If you don't see your 110 children, I wonder who will? Some of you, I am afraid, will not take care of the .88 of a child. I wish you would, because this change in concept of dental practice and dental service to children can mean a great deal to your happiness. You know of all the rewards we get in this world, and the greatest rewards are not material rewards. They are not having our name engraved on some monument or on a statue carved in bronze. The greatest rewards we get are spiritual rewards, and we get spiritual rewards by the feeling and satisfaction of a job well done.

As these children come to us and expect and receive our services, the job well done will mean that this child will grow up and can grow up to maturity with a sound well functioning set of teeth.

In my book there are just two divisions in the practice of dentistry. You can have as many in your book as you like, but in my book there are two. The first is dentistry for adults, and the second is dentistry for children.

When I say dentistry for children, I don't mean the pre-school child. I mean the child through his growing years, the individual through his growing years, which means up to maturity.

Dentistry for adults and dentistry for children, and orthodontics, is a part of this service of dentistry for children.

Dentistry for adults I would like to define for you briefly. It means four things in my book. The first is a removal of diseased tissue. The second is the elimination of infection and unhealthy conditions. The third is restoration to function of teeth and tissue by artificial means, and the fourth is teaching the patient proper health procedures in maintaining a healthy mouth.

Dentistry for children encompasses all of these things. It encompasses certainly the removal of diseased tissue. It encompasses the elimination of infection and unhealthy conditions. It encompasses the restoration to function of teeth by artificial teeth, and certainly it means teaching the patient as well as his parents proper health procedures in maintaining a healthy mouth, which is brushing his teeth.

Did it ever disturb you when a mother comes in and says to you, talking about her three year old or four year old, "Doctor, I wish you would talk to him, because I just can't get him to brush his teeth"? I tell the mother, "It is your responsibility to brush his teeth until you can teach him to brush them."

Yes, dentistry for children not only includes these four things, but it includes an additional factor which means far more. It means aiding this child to grow up with a well developed, sound and healthy and well functioning set of natural teeth. This requires all the knowledge, care, assistance and effort that any person who calls himself a dentist and a professionally trained individual can and must do.

To say it another way: Dentistry for children means assisting the individual to reach maturity with the best possible set of natural teeth.

I wish I could put so much emphasis on this that you will never forget it. Everything that touches the life of the child is planning for the future. We plan for his future in education, we plan for his future by life insurance to protect him, we plan for his future health by vaccination, typhoid shots, orange juice, cod liver oil, weigh him regularly, measure him. Dentistry has a job to render, a service to render to children in planning for the future and in carrying out this plan.

I wish I could change your philosophy of dental service, if you don't have this philosophy. If you do have it, I would like to shake hands with you. Change your philosophy of dental service so that you can appreciate the fact that when a person selects you for their dentist and comes to you and you accept that person into your practice, if it is an adult, you become responsible for their oral health, and that gives us a problem of the moment, that is a problem of the four things that I mentioned—elimination of disease, restoration of the teeth, care of the teeth.

When a parent selects you as the dentist for their child and brings that child to you and you accept that child into your practice—you don't have to accept him if you don't want to—you not only become responsible for their dental health, but you become responsible for helping that child grow up to maturity with this sound, well functioning, healthy set of teeth. If you have that philosophy, I would like to meet you. If you haven't that philosophy, I hope you will get it.

If you are interested in helping some child grow up to maturity, I don't tell you to go back and take those 110 children and try to take care of all of them, but take a few of three years of age and promise yourself that as long as you live you are going to help that child grow up to maturity with this sound, healthy, well functioning set of teeth.

If you are interested in doing this, I would like to point out to you by means of slides some technical procedures which encompass five critical carious agents, and these are clinical. I say clinical because they are not based on statistics. They are based on some 26 years of practice, 24 years of which have been devoted exclusively to the care of children.

(Slide No. 1.)

This is between four and five years. This is the time that if you X-ray you can find between the teeth the beginning of cavities, beginning carious points. This is the time I implore you to fill these teeth. There is a very definite reason for that.

(Slide No. 2.)

This shows the other side, and perhaps you can see it a little better—the beginning cavity in a child between four and five years of age.

These may begin earlier, but I am talking about our experiences that happened. If you don't take care of them at this age, your cavity will get back in the interproximal space, and I want to recall the anatomy of the primary molars, particularly this area in here, where you have a big interdental space, and this big interdental space will make this difficult to restore.

(Slide No. 3.)

If you get it at this stage, you can fill these teeth, as I have pointed out. Here, your extension of your cavity does not go down into this interdental space. This one we didn't get to. Your cavity comes just below to the contact point to a free surface. Your filling rests in sound dentin and sound enamel. Your restoration will stay in the tooth throughout the life of the tooth, and you will have a very acceptable service.

(Slide No. 4.)

This tooth is abscessed. It is beyond the point of filling. It must be removed. But look next to it—this is not beyond the point of filling, but the cavity has extended down into an area which will make it difficult to fill and which you will find, when you do get it filled, it is often so weak that it will not stand up and will not respond the most detailed and most careful attention which you would like to give.

(Slide No. 5.)

This is another mouth which has another cavity that extended down beyond the point of a good restoration. So, I say the critical carious age is between four and five. When it gets to this point (indicating) or this point (indicating), then you have difficulty.

(Slide No. 6.)

I would like to give you our technique as we have developed it in our office, my associate and I, in taking care of these teeth in the early stages of this critical carious age between four and five.

This technique is simple. We cut it down to a minimum of instruments, a minimum of burs, a minimum of work so as Dr. Garrett pointed out in his fine lecture, to save time. This is a diamond stone, which is about the size of a No. 37 Inverted cone bur. We do use the bur. I put it on simply to show the size of it, a 37 or a 38.

(Slide No. 7.)

Next are two very small enamel hatchets, which you used in dental school and you probably still have them in your office. Get them out, sharpen them up and use them.

(Slide No. 8.)

Before you begin your preparation for these two interproximal cavities that lie between these teeth—these models do not show up very accurately how sharp the cusps of these teeth are and how they come up to this size or down to this space—before you do this, round off this cusp. If you don't grind it off, as soon as the child closes his mouth, he will bite your restoration and break it off, and your restoration is completely gone.

(Slide No. 9.)

There is a very simple way that we have of doing this, very acceptable to the child. Take a green polishing wheel, the type that is used to polish the chromium, vitallium, and those very hard metals. Take this green polishing wheel or any wheel that is impregnated with metal, aluminum metal, or some other that will cut this off very quickly, and polish these down. Particularly is it necessary on the buccal cusp with the lower molar, or the lingual cusp of the upper.

If you do that before you start your cavity preparation, it gives you a check on the occlusion, and you will save many, many restoration failures.

Another good point to remember. The patient should come back for periodic checks, every six months—not later than six months, and in many mouths more frequently, as the primary teeth wear down. Did you ever stop to think that the primary teeth last until 11 years of age, which, compared with the permanent teeth, is 7 years of age.

As these primary teeth wear down and settle into position, they have to be ground into occlusion just like you have to do to permanent teeth at 40 or 50 years of age. If you don't grind them down, just like you do in periodontia, then the child will develop, or the restorations that you have put in so carefully between four and five years of age, will soon be chopped out because the restoration and the tooth could not wear at the same rate of speed, so to speak. The tooth wears down, the restoration won't wear down. The tooth chops into the restoration, chops it out, and some four years later, the mother will come back to you and say, "The filling you put in came out."

Don't let that happen. Keep this mouth serviced and keep these teeth ground out, or this occlusion properly taken care of each time the child has prophylactic check on it, which should be not less than every six months.

(Slide No. 10.)

With this Inverted cone bur, working on the lowers, leaning to the lingual and then to the buccal and rocking it back and forth and cut through the marginal ridge. This is on primary teeth, not on permanent teeth. Some men prefer to take a wheel stone and hold it from the side and go through it this way (indicating). If you like to do this, that is all right.

This is simple—this doesn't have to be changed.

The next step—this can be carried down between the two teeth equally until you get to the depth you want it. I am not worried about this going down too far because I know that that bur, this diamond stone, is a millimeter and a half in length. I am not worried about the diamond stone wearing out quickly because it is run at high speed and under a stream of water. I am not worried about it going down too far because I know a millimeter and a half is just about the depth I want to get below this cavity or below the point where this cavity is in the tooth and bite into sound structure.

After this is carried to the depth we want to carry it, not down in the soft tissue but down below the cavity—remember this is still in the first stage. We don't go down too far.

(Slide No. 11.)

Next, take the same diamond stone and move it occlusally. Get the stem in the anterior tooth, which is the first primary molar and distally in the second primary molar to execute the step here in one operation without ever taking it out of the mouth. I literally mean this, without taking it out of the mouth, even to let the child expectorate.

(Slide No. 12.)

The next slide will show you how we take a cross-up fissure bur and square up this cavity to get a little more detail to follow out a little better the principles of cavity preparation.

(Slide No. 13.)

After we have done this, we take this round bur and make retention points. These retention points are not made by running this back into the tooth. These retention points are made by merely taking up half the distance of the bur.

(Slide No. 14.)

—half the distance of the bur and rounding this out at this point. The reason we use a round bur is because alloy will flow into this point, and if you use 33 1/3 bur or Inverted cone bur, we get a sharp angle that alloy will not flow into. Retention is made at this point and this point (indicating), and two points on the occlusal, and sometimes a little groove is made across the gingival step of this cavity.

(Slide No. 15.)

After this is done, we take these enamel hatchets and break down the lingual and the buccal marginal ridges and these cavities are prepared.

Certainly, Dr. Garrett, you wouldn't accuse me of egotism when I make this statement. Some years ago, a boy came and spent a week in the office with me. Without my knowing that he was doing it, he came to me one morning on cavity preparation. When I got through preparing four of these cavities in the mouth, he said, "Doctor, you have taken a minute and a half on each cavity. You have prepared all four of these in six minutes." I said, "Well, if I had known you were timing me I think I would have cut off some of that time."

I was talking to him, of course, about a child that had been in the office, had grown up in the office, had been in there and knew the office and knew me. The child was perfectly relaxed and sitting perfectly still. You can prepare all four of these in a simple technique which works provided you get these in this first critical carious age.

(Slide No. 16.)

Then, we use in our office a No. 8 aid which is edged with a round toothpick.

PRESIDENT McFALL: Pardon me just a second—Dr. Hunt and the members of the House of Delegates must adjourn to another meeting.

Dr. Lamons will be here until the last man leaves. I wish every one of us could stay here and see these slides. He has literature and he has a bunch of working instruments.

(The members of the House of Delegates and the stenographer then adjourned to another meeting.)

HOUSE OF DELEGATES
THURSDAY AFTERNOON SESSION

The second meeting of the House of Delegates was called to order Thursday afternoon at 4:30 o'clock, Dr. Walter T. McFall, President of the Society, presiding.

PRESIDENT McFALL: We had a session here last night, and I am sorry that some of you who can come today couldn't get here last night. It was an interesting meeting, and we are going to have some business that was held over to take up as the first order of business after we get a quorum.

(Secretary Hunt then called the roll.)

SECRETARY HUNT: Mr. President, you have a quorum.

PRESIDENT McFALL: One of the first orders of business that we have to consider is more information on the North Carolina Health Council.

I went through two of those dresser drawers full of correspondence last night and after 1:30, and this is a letter from Dr. William P. Richardson. He is President of the N. C. Health Council.

The other officers are Mrs. Marie Noell, R.U., Vice-President, Raleigh; Leslie R. Boyd, Secretary, Raleigh; Reid T. Holmes, Treasurer, Winston-Salem. The Executive Committee: Dr. Roy Norton, Raleigh; James H. Clark, Elizabethtown; Ellen Winston, Raleigh; Mrs. Paul P. McCain, Southern Pines; Mrs. Ernest Hunter of Charlotte.

"The Council is an organization of all the groups and agencies in the State which have an interest in the general field of health, and we would like very much to have the Dental Society as a member.

"Our functions are related to coordination of activities, overall studies of needs, interchange of ideas, and joint thinking about our mutual problems.

"We do not anticipate engaging in a special action program of our own.

"The annual membership dues are \$10 per membership agency, and each member agency is entitled to one voting and one non-voting representative."

Last night we had a tentative report on this group from Dr. Walter Branham who attended the North Carolina Health Council representing our Society in Raleigh with Dr. Ernest Branch.

Dr. Branch, can you add to the information of who and what the North Carolina Health Council is, for the benefit of the House of Delegates?

DR. BRANCH: No, I can't give any information, Walter I don't think that I got to that meeting.

PRESIDENT McFALL: Is there any more information desired, gentlemen?

Will someone make a motion that the North Carolina Dental Society become a member of the North Carolina Health Council at \$10 a year?

DR. C. W. McCALL: I make that motion.

DR. CROWELL: I second it.

PRESIDENT McFALL: It is open for discussion.

The motion has been made and seconded that we do join these other groups at \$10 a year. Your Executive Council, I might say, thought well of it, but we wanted the House of Delegates to handle this.

(The motion was put to a vote and carried.)

PRESIDENT McFALL: The first order of business for the quorum of the House this evening was on the Constitution and By-Laws Committee Report. Dr. Pridgen, in his report, settled the first part of the report as published in our present Bulletin, giving everybody notice that we could and did vote on it last night.

Now, the last paragraph of Dr. Pridgen's Constitution and By-Laws Committee Report relating to the junior member, the last paragraph which you said you had put in later—we were to make the junior membership I referred to. We were to vote on it as the first order of business. If 90 per cent of you O.K.'d it, then it would not have to lay over a year. That was the first thing we were to vote on.

Have I stated it right, Roy?

DR. PRIDGEN: Mr. President, as I understand it, everything which I presented last evening could be finally adopted at this meeting, provided there is a 90 per cent consent.

PRESIDENT McFALL: That is right, sir.

We have something else on the Executive Secretary coming behind this, you understand, in the Constitution and By-Laws.

DR. PRIDGEN: That's right.

PRESIDENT McFALL: Is what we are talking about and what we are going to vote on clear to everybody? Is there anybody who wants more information on what we are talking about, because several in here weren't here last night?

DR. McCALL: I assume that covers the junior membership.

PRESIDENT McFALL: Let the Chairman add to it.

DR. PRIDGEN: Mr. President, as I tried to explain last evening, the plan for acceptance of student members has been changed a little by the American Dental Association which operated under what was originally known as the Indiana plan, but now is changed to this; and we so recommend that our Constitution and By-Laws read in this manner:

"Provided that a student member of the American Dental Association who has been licensed to practice dentistry in North Carolina and who applies for active membership in the North Carolina Dental Society, shall, if accepted, be exempted from dues for the remainder of that calendar year, and for the ensuing year shall be required to pay only the district and State Society dues plus \$4 for the American Dental Association."

In other words, he pays \$9 less than the active member.

PRESIDENT McFALL: You have heard the Chairman of the Constitution and By-Laws Committee read what we are talking about and what we are going to vote on. The Constitution and By-Laws Committee would like us to give this permission and consent so that that portion will not have to stay over another year.

If 90 per cent of you gentlemen give that permission, it can be handled during this session as soon as the Constitution and By-Laws Committee can change the Constitution and By-Laws according to their verbage and wording, according to a previous motion a year ago, to conform to the Constitution and By-Laws of the A.D.A.

DR. DARDEN EURE: I move the adoption of the report.

DR. A. T. JENNETTE: I second it.

PRESIDENT McFALL: The motion has been made and seconded that we do give this consent. We must have 90 per cent agreement.

Is there any discussion on the motion?

As many as favor giving the Constitution and By-Laws Committee this 90 per cent permission, make it known by saying "Aye." Those opposed say "No."

The Ayes have it, and it is so ordered.

DR. PRIDGEN: Mr. President, while we are on this matter, may I make a supplemental report?

PRESIDENT McFALL: Do, please.

DR. PRIDGEN: In order to put into operation the recommendations made last evening by the Committee on the Proposed Executive Secretary, your Committee on Constitution and By-Laws approves and recommends for your adoption the following changes in our By-Laws:

In Article I, Section 4, strike out the sentence which reads, "He shall be Chairman of the Program Committee."

In explanation, that is one of the duties that our present by-laws puts on the Secretary-Treasurer, and it is simply taking away that duty from him.

Then, at the beginning of Article I, Section 9, strike out the words, "The Secretary-Treasurer as Chairman." Our present by-laws provide that the Secretary-Treasurer shall be Chairman of the Program Committee, and this is simply making the Program Committee appointed by the incoming President.

In presenting this next amendment which we offer, I feel that perhaps some remarks might be in order.

I am afraid that too many of us during the past years, in our recognition of and in our endeavor to relieve the burdens on the Secretary-Treasurer, have overlooked one officer of this Society who is, to my mind, just as much overburdened. I am referring to the Editor of our Bulletin. He spends untold hours of his time, spends his own money year after year. He has given us service of which we are justly proud. His work is recognized not only in his own state, but nationally. At the present time, he holds office in the National Association of Dental Editors.

Our Constitution and By-Laws, which have fixed his salary in depression days, fix it at \$150.

Gentlemen, that is not a drop in the bucket. He hasn't told me, but I know he not only spends his time, but he is digging down in his jeans for a lot of cash to carry on this work, in order to creditably put out the publication for this Society.

A good many men have spoken to me at this meeting and said that something should be done about it. I most heartily agree with it.

While this sum we propose to name as the salary for this officer does not yet, I am sure, meet the expenses of it, at least it will be some step in that direction.

For that reason, I should like to offer in the name of the Committee this amendment to Article I, Section 5.

PRESIDENT McFALL: I wonder if we had not better handle, in view of the fact that we are having a first order of business. a specific entity—do you follow me now—and leave this matter for a second time after we dispose or don't dispose of that other thing? That was made the first order of business.

I am afraid if you project this new thought, which I am 100 per cent for, that you will cloud the issue.

Do you follow me, Roy?

DR. PRIDGEN: My thought is we cannot act finally on it at this time, anyway.

PRESIDENT McFALL: We can give you this 90 per cent permission to go ahead and work more than you have already worked and you have been up plenty long to change these.

DR. PRIDGEN: It is my intention to present it at the next meeting of the House of Delegates and finally dispose of it.

PRESIDENT McFALL: You see, we have some men present who weren't here yesterday. You have got to explain all of that to them again, and now this is still a third item of new business which is projected since last night.

Do you see the point?

DR. PRIDGEN: Well, it seems to me that we can dispose of it at this meeting of the Society. It is something that is urgent, I feel.

PRESIDENT McFALL: It is. It is long overdue.

DR. PRIDGEN: And the Constitution and By-Laws clearly provide that if it is presented at one session of the House of Delegates by 90 per cent consent it may be disposed of finally at a subsequent meeting of the House of Delegates at the same meeting of the North Carolina Dental Society, if I make myself clear.

PRESIDENT McFALL: Go ahead with whatever you want to do.

We are going to vote on two things now instead of one.

DR. PRIDGEN: In Article I, Section 9, in the sentence which now reads, "He shall receive a salary of \$150 per annum," strike out the words, "\$150", and insert, "\$500."

Signed Paul E. Jones, Frank Alford and D. L. Pridgen.

Mr. President, I should like to request permission to bring these amendments up at the next meeting of the House of Delegates.

PRESIDENT McFALL: We have a specific order of business. We have before you at this time, gentlemen, two things, one of which has been projected for the first time just then.

We were asked last night to make the first order of business a vote on whether we would give another 90 per cent for this House of Delegates to authorize the Constitution and By-Laws Committee to change the Constitution and By-Laws to give help to a portion of the new Executive-Secretary's report to relieve whoever is Secretary-Treasurer and to relieve him of being Program Chairman. That was to have been our next order of business. I don't want to confuse you, and I hope I haven't any more confused you by trying to clairfy this.

Roy and his Committee have sat up hours working on this thing for our benefit before we vote on it.

Is there any question anybody wants to ask the Chairmen of both these Committee Reports, Constitution and By-Laws, and the Executive Secretary Report, before we vote now?

DR. FOX: One thing is not clear in my mind.

The Committee Report specified that the money received by the Secretary for the amount of work that he did failed to cover his expenses and that he should be given an allowance for clerical help, at least. But today Roy brings in a change in the Constitution proposing the increase for the Editor, which is also necessary, but does the Constitution not specify the allowance to the Secretary?

Don't we have to make a change on that, too, or is that just left open there? In other words, I expected him to say that there should be some change in there to permit that increased allowance for clerical help.

PRESIDENT McFALL: I am afraid it is going to necessitate reading the whole report over again. I tried to avoid it, but I am afraid, for the benefit of so many, and we have 50 per cent here who don't even know what we are talking about, that we will have to read it again.

We had a report last night on the new Executive Secretary, and that happens to be Dr. Roy Pridgen, too. I suspect we are going to have to do the whole thing again, because Burke was sitting right here listening to it and he has projected this, which is rightly taken, I think.

DR. DAN WRIGHT: Wasn't that voted on last night and left that the Executive Committee would furnish the required help for the Secretary-Treasurer?

PRESIDENT McFALL: Dan, you were here, but I wonder if those who are coming in know anything about what we are talking about.

DR. WILBERT JACKSON: I am perfectly agreeable to accepting what was done last evening, even though I wasn't here.

I am prepared to make that a motion, to endorse or approve what was done last night in the proceedings.

PRESIDENT McFALL: There is a motion before the House or a suggested motion, that we endorse what Dr. Pridgen as Chairman of the Constitution and By-Laws Committee is trying to get over.

DR. WRIGHT: I second that motion.

PRESIDENT McFALL: Roy, you correct me if I state it wrong.

The Constitution and By-Laws Committee now asks for 90 per cent consent to amend the Constitution and By-Laws suitable to the report brought in for the Executive Secretary's report—those are two different things—last night.

Is that right, Roy?

DR. PRIDGEN: That is part of it.

PRESIDENT McFALL: Plus—you get up and state, Roy, what you asked that we put in today.

DR. PRIDGEN: Plus an increase in the Editor-Publisher's salary, increasing it to \$500 per annum instead of the \$150 which it is now.

PRESIDENT McFALL: Does everybody have it? Is there any discussion?

DR. Z. I. EDWARDS: Roy, does your report anticipate definitely the employment of an Executive Secretary?

DR. PRIDGEN: No, it did not. I don't recall whether you were present—

DR. EDWARDS: In adopting this report, it doesn't mean we are deciding definitely on the issue of employing an Executive Secretary?

DR. PRIDGEN: It does not. The report simply suggested that we use Tennessee as a guinea pig, so to speak, and that we only recommend that we give the Secretary-Treasurer some clerical help, according to the discretion of the Executive Committee, and also that we remove from his duties that of arranging our annual program.

PRESIDENT McFALL: Does that answer your question, Dr. Z. L. Edwards?

DR. EDWARDS: I am satisfied.

PRESIDENT McFALL: As many as favor giving both the Committees on the Constitution and By-Laws and Executive Secretary (that is merely the name) 90 per cent permission to proceed as per last night's and today's remarks, make it known by saying "Aye." Those opposed, please say "No"—nobody said anything.

That is 100 per cent twice in one time. I have never admired the North Carolina Dental Society as much before in my life when this many different people agree 100 per cent on three things. God bless your souls.

It is so ordered.

Are there committee reports at this time?

DR. CLAUDE PARKS: I have the report of the Insurance Committee.

REPORT OF THE INSURANCE COMMITTEE

Your Committee is glad to report that our Insurance Plan is working smoothly.

We are glad to report that the insuring company has voluntarily agreed to again extend our benefits without additional costs to us effective June 22, 1950.

1. These extended benefits will include the addition of weekly accident indemnity payments in addition to the payment of principal sum for the loss of time or any bodily member.

2. Liberal elective indemnities for dislocations and fractures even if no loss of time occurs.

3. The waiving of any premium falling due after six months of disability.

This is the second extension of benefits without additional costs to us since we adopted the plan June 22, 1943. We appreciate and commend the company for its liberal attitude toward us. We recommend our conditions and support of the plan.

DR. PARKS: He will take just about two minutes—that is all.

Mr. J. L. Crumpton of the Commercial Casualty Insurance Company, with whom we are insured, reports \$23,928.93 paid to the members of the Society from May 1, 1949 to May 1, 1950.

There were approximately 425 members participating during the period and about 25 new members were added to the insured group.—Claude Parks, Chairman.

PRESIDENT McFALL: What is your pleasure—do you move its adoption?

DR. PARKS: I move the adoption of the report.

DR. ED BAKER: I second the motion.

PRESIDENT McFALL: Is there any discussion?

(There was no response.)

(The motion was put to a vote and carried.)

PRESIDENT McFALL: Claude, will you make a brief announcement to the group about the man who is going to speak tonight?

DR. PARKS: He is just going to explain it. He has come before the House of Delegates, and he will have practically the same thing to say for the full membership so more of the fellows will be able to hear.

PRESIDENT McFALL: He is Mr. J. L. Crumpton.

DR. WILBERT JACKSON: A very good friend of mine was incapacitated during the year, and it was necessary to call on his insurance, and he did that.

I want Claude to straighten me out. Is there a payment, according to our policy, for the loss of a limb?

DR. PARKS: There is now.

DR. JACKSON: But there wasn't before?

DR. PARKS: I can't tell you. I didn't—

DR. JACKSON: I refer you to Turlington, your good friend and mine. He went up to see Mr. Crumpton and he was told there was no payment for the loss of a limb. He only got \$50 per week for 52 weeks.

If I am mistaken, then I misunderstood Dr. Turlington. If this is a new benefit of our policy, I am very happy to know that it is there. It is too late for the man who has lost his limb.

PRESIDENT McFALL: Wilbert, tonight will you personally clear that up to your satisfaction, but not before the group?

DR. JACKSON: I will be happy to do that for Roscoe, because his limb is gone and he didn't get anything for it.

DR. EVERETT SMITH: I have the report of the State Institutions Committee.

THE STATE INSTITUTIONS COMMITTEE

The number of inmates at our State Institutions are as follows: State Hospital at Raleigh, 2,247; State Hospital at Morganton, 2,611; State Hospital at Goldsboro, 2,744; State Hospital at Butner, 1,352; Butner Training School, 309; Caswell Training School, 845.

It seems the State Institutions are in better shape now than ever before. However, more dentists are needed.

The following dentists are now serving at the various hospitals: State Hospital at Morganton, Dr. E. L. Edwards, Dr. R. L. Falls. One extern during summer. State Hospital at Raleigh, Dr. H. B. Bowden, Dr. Robert S. Beam. One extern during summer. State Hospital at Butner, Dr. James A. Marshburn. One extern during summer. State Hospital at Goldsboro, Dr. E. C. Grady, Dr. Robert E. Rabil. Caswell Training School at Kinston, Dr. G. W. Price, Dr. J. C. Kinlaw.

The hospitals are now making use of dental externs at three of the Institutions and future plans call for further use of dental externs, as well as dental interns and dental hygienists, in all of the hospitals.

The salaries of dentists in the hospitals are comparable to those of the medical staff, except for that of the Head of Service. Both are of the merit system. In addition to salaries, houses with lights, water, heat and telephones are furnished for men with families and room, board, and personal laundry for single men. Dr. Lineberger has rendered untiring service to the welfare of our State Institutions. Much of the improvement made is due to his efforts.—G. L. Overman, Chairman.

PRESIDENT McFALL: Gentlemen, to expedite things, unless I hear objections, all reports will be adopted as read except those that carry a constitutional change or bring out some more money from our pockets. Is that agreeable?

Hearing no objection, we will move it that way to expedite things.

DR. BRANCH: I would like to ask Eddie to read our report.

PRESIDENT McFALL: Dr. A. C. Current will read the report for the State Council on Dental Health.

STATE COUNCIL OF DENTAL HEALTH

The Council on Dental Health of the North Carolina Dental Society, in considering the problem of improving the dental health conditions of the people of our State, would quote again from the News Letter of the Council on Dental Health of the A.D.A. "This health education program should be a process of providing experiences for children and adults for the purpose of favorably influencing their knowledge, attitudes, and practices relating to dental health."

This statement is especially significant if we believe, as do the members of your committee, that dental health, good or poor, is, to a large extent, up to the individual. It is, therefore, our task to educate and motivate people to the acceptance of personal responsibility for dental health. We would like to underscore the words, *personal responsibility*. With the present confusion resulting from extravagant claims by the proponents of various treatments and dentifrices, it is our duty more than ever to keep before the people the tried and true practices which have proven to be conducive to good dental health.

In a study of the current literature we discover a renewed emphasis on the importance of regular visits to the dentist for the early detection and correction of dental defects. We find dental authorities in agreement over the fact that the reduction of sugars and starches in the diet is an effective caries control measure. And we also find proof, based on a two year research study,¹ that tooth decay can be greatly reduced by the relatively simple process of brushing and rinsing the teeth immediately after eating.

Here, then, are two reasonable and effective preventive measures, moderation in the consumption of sweets and brushing the teeth immediately after eating, which are within the reach of every man, woman, and child all of their lives. This reinforces the position of the individual can and must accept the responsibility for his or her own dental health. It is our responsibility to bring about such acceptance by an intensive and wide-spread educational program.

It is generally agreed that, in the field of dental health education, the best results can be obtained by concentrating out efforts on children. The Division of Oral Hygiene of the State Board of Health is committed to the task of providing for children experiences that will favorably influence their dental health knowledge, attitudes and practices.

And the first attitude which we are endeavoring to influence favorably is that of the children toward the dentist. This is being done by providing for them experiences with the school dentists who are trained for this work and who devote to it their full time. The dentists, trained not only in children dentistry, but also in child psychology and methods of teaching, teach the children in their own classrooms, in surroundings in which they feel at home and secure. Of course, their teaching is governed by the grade level and interests of each particular group. The dentists are equipped with projectors, models, posters, and all kinds of teaching aids.

After the teaching has been done and a friendly relationship has been established, the dentist inspects the mouths of all of the children. He makes the necessary dental corrections for as many of the underprivileged children as funds and time will permit. Parents of the privileged children are notified by postcards, signed by the school dentists, that their children need dental attention and they are advised to consult their own dentists. The school dentists make no diagnoses for these referred children. During the year 1949, the ten dentists on the staff of the Division of Oral

¹Study recently made in Iowa and reported by Dr. Olin Hoffman.

Hygiene inspected the mouths of 76,760 children. They made dental corrections for 33,916 underprivileged children, referring the others to their own dentists.

The topical application of sodium fluoride was included in the dental services rendered the underprivileged children. We are persuaded from the evidence that there is virtue in this treatment. However, it should be understood by children and parents that the application of sodium fluoride to the teeth of children is only one of several preventive measures. We would still put the emphasis on regular visits to the dentists; an adequate diet, low in sugars and starches; and proper and regular brushing of the teeth.

In regard to the topical application of sodium fluoride, we are glad to note from the solution that many of your requests are applying it to the teeth of your child patients. Sodium fluoride powder is now available in small envelopes, the contents of which added to eight ounces of distilled water will make a two per cent solution. This will facilitate shipping. We will be glad to continue this service to the dentists and, through them, to the children of the State.

Others experiences are being provided for the children in the State through the educational program of the Division of Oral Hygiene. The puppet show is most effective in favorably influencing their dental health attitudes, knowledge, and habits. The dental health museum, Little Jack's House, is another visual education project which exerts influence in the right direction.

Through the preparations and distribution of dental health teaching aids and literature the Division of Oral Hygiene is reaching teachers and children from one end of the State to the other. It has been estimated that approximately one million sheets of this material have been distributed during this school year. The fact that it is supplied to the schools only on request is evidence that this service is appreciated by the teachers. A new booklet for third and fourth grades was published this year.

The Mouth Health Catechism has been revised and has just been received from the printers. This will again be available to the dentists in private practice. We are gratified that you have made use of this publication in your work with parents and children. And this brings us back to a statement made in a former report to the effect that the dentists in private practice can make a great contribution in the field of dental health education.

This report has stressed the school program, and it is here that the major emphasis is being placed. However, adults are being reached through the press, over the radio, and by dental health talks before various civic groups. Let us know to provide in every way possible information and experiences that will favorably influence the dental health knowledge, attitudes, and practices of the children and adults in North Carolina.—Earnest A. Branch, Chairman.

DR. CURRENT: Mr. Chairman, I believe you stated that that would be adopted as read unless there has been an objection.

I would like to state, sir, on behalf of this Committee, that if the body wishes to make such a request, copies of this report can be had by every member of the North Carolina Dental Society.

PRESIDENT McFALL: You have heard that information, gentlemen. Is there any objections? (There was no response.)

Dr. Branch, bless your heart, thank you again for another splendid service to all of us.

Dr. McClung has the Ethics Committee Report, which he has asked permission to read.

ETHICS

The Ethics Committee is happy to report that we have learned of no violation or complaint in our Society during the past year.—John A. McClung, Chairman.

PRESIDENT McFALL: Thank you so much, Dr. McClung. We appreciate that fine report and we are so glad it can be that way.

DR. BAKER: I would like to read the report of the Exhibit Committee.

THE EXHIBIT COMMITTEE

Receipts:

54 exhibits at \$75.00 each	\$4,050.00	\$4,050.00
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Disbursements:

Rent paid to hotel for space	\$ 600.00
Rent paid for exhibit booths	637.50
Prize expenses	270.00
Printing, postage, miscellaneous	34.70

Total Disbursements	\$1,542.20	\$1,542.20
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Net Profits		\$2,507.80
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Itemizing—Printing, Postage, Miscellaneous:

Graft Press	\$ 14.30
Raleigh Letter Writers	1.50
Raleigh Office Supply	1.19
Stencils	.65
Postage	9.00
Ink Pad Rental	2.10
Rubber Cement & pencils to make rubber stamps .	2.02
Telephone calls	3.94

\$34.70

—E. D. Baker, Chairman.

PRESIDENT McFALL: Gentlemen, there is \$2,500 that Ed Baker and his Committee—

DR. BAKER: Wait a minute—Branham—

PRESIDENT McFALL: I am going to brag on Tab in my official family. I know what he has done. I am so enthusiastic over these reports because if you could know how much has been done, you would be the same way.

Is there any objection to anybody taking \$2,500? (There was no response.)

Ed, thank you and Tab and all the rest of them. We have got the finest spirit of these boys showing this year that I have ever known.

DR. NEAL SHEFFIELD: I have the report of the Liaison Committee to the Dental Division of the Old North State Dental Society.

LIAISON COMMITTEE TO THE OLD NORTH STATE DENTAL SOCIETY

Your committee has not had many calls this year. It appears that the Old North State Dental Society is functioning in a smooth and effective manner. A spokesman for the Society reports that since dentists had formed an independent Society there had been many more interests and had been able to derive more benefit from their meetings. This organization now has affiliation nationally with the National Dental Society.

The next annual meeting of this group will be held in Durham, June 6-7. Dr. E. P. Morris of Durham is president, M. L. Watts, Raleigh, is Secretary-Treasurer and Dr. Thomas L. Watkins, Charlotte, is chairman of the Program Committee.

The following Durham dentists will appear on their program for the June meeting: Dr. Guy Willis on Pulpotomy and pulp Capping; Dr. George Kirkland on Periodontia.

The Old North State Dental Society wishes to extend to our group their thanks for our members appearing on their programs and your committee recommends that any member of the North Carolina Dental Society when asked to appear on their program, that they respond when possible. —Neal Sheffield, Chairman.

PRESIDENT McFALL: Neal, we certainly thank you and extend our greetings to the good colored brothers, and keep up the good work.

DR. SHEFFIELD: I have another report—the Publicity Committee.

PUBLICITY COMMITTEE

Your committee considers that they were fortunate in again securing the services of Mr. R. W. Madry, University News Bureau, Chapel Hill, N. C., to handle the pre-convention publicity for the Ninety-fourth Anniversary Meeting.

The program and other information with photographs of officers of the Society and visiting Clinicians were furnished Mr. Madry. News releases and mats were forwarded to all newspapers in the State and to the border cities of Virginia and South Carolina. The first releases appeared in the press on Sunday, April 29, 1950 with the subsequent releases including photographs of officers and clinicians appearing in later issues. Special releases were given the press in cities where local dentists were appearing with table clinics, giving them credit for having participated in this program.

The following "Spot Announcements" were furnished the principal radio stations in the state as a Public Service feature.

"The Ninety-fourth Anniversary meeting of the North Carolina Dental Society will be held in Pinehurst, N. C., May 18, 1950. Your dentist will probably not be in his office on that date."

The convention publicity was also ably handled by Mr. Madry personally. The keen interest and large attendants is ample evidence of the fine performance of the University News Bureau and Mr. Madry.

We wish to thank Mr. Madry, the press, and radio stations for their splendid co-operation.—Neal Sheffield, Chairman.

PRESIDENT McFALL: Neal, we wish to thank you and your Committee. I do hope you will express to Bob our keen appreciation for what he has done.

Is there any objection to that Committee report?

Our next report is that of Dr. A. C. Current, Chairman of the Executive Committee.

REPORT OF THE EXECUTIVE COMMITTEE

Since our last annual meeting, your Executive Committee has held five official meetings: May 21, 1949, in Pinehurst; July 24, 1949, in Greensboro; August 18, 1949, in Charlotte; January 15, 1950, in Pinehurst. Your committee discussed freely and took official action on all matters that it deemed necessary for the interest and well-being of the North Carolina Dental Society.

Since a complete record of the activities of this committee are a part of our secretary's minutes, it would be little more than time-consuming repetition to repeat in detail these activities.

Your committee recommends for honorary membership to the North Carolina Dental Society the names of the following men: Dr. John C. Brauer, Dean of School of Dentistry, U.N.C.; Dr. Reese Berryhill, Dean the School of Medicine, U.N.C.; Dr. Edward McGaveron, Dean the School of Public Health, U.N.C.; Mr. R. E. Coker, U.N.C.; Dr. John LaDue, Chicago; Dr. Philip Adams, President, A.D.A.; Dr. J. E. John Fifth District Trustee; and Dr. LeRoy M. Ennis, Prof. Radiology, U. Pa. School of Dentistry, and Chancellor R. B. House, Chapel Hill.

In making these recommendations, the Executive Committee feels that no one is more deserving of this honor than Dean Brauer; however, we believe that Dean Brauer will eventually take his place among us. In active membership only will he flower into full fruition as we know in time he will.

The former Dean of the School of Pharmacy, U.N.C., Dr. M. L. Jacobs, was on our list of recommendations to honorary membership, and your committee, with deep regrets and a consciousness of great loss, has taken note of his untimely passing.

Your committee, not unmindful of our secretary's many duties, strongly concurs in the thought that the secretary should draft and mail a suitable letter of notification to each person elected to honorary membership in our Society.

Since members of the Executive Committee have worked with the U.N.C. men who are here recommended for honorary membership in our Society and since, by this working contact, we know something of the tireless efforts these men have put forth and will continue to exert in the interest of Dentistry's new school, this committee expresses its gratitude to each of these men personally, to the group as a whole, and to our great University of which they are a part.—A. C. Current, Chairman.

These boys have met five times, have run all over the State of North Carolina, and I declare your officers never had a grander group to work for, and if you don't think they are not working for your interests, Bud, you just start something in the Executive Council.

Is there any objection? (There was no response.)

DR. OLIVE: I believe you will find that Dr. Ennis is already an honorary member. We couldn't substantiate it in the record. We wanted him, as the next president of the A.D.A.—we knew he couldn't become that without being an honorary member in North Carolina.

DR. CURRENT: I thought he was, too, but I didn't find it.

PRESIDENT McFALL: Shall we take it out, just so it won't be in the record twice?

DR. OLIVE: I would certainly search to see if he has been made one. It seems to me that when he appeared on the program several years ago, and I was President of the Society at that time, he was elected honorary member.

DR. CURRENT: I wouldn't want that stricken out unless the records show that it is on record that he is an honorary member. If it is on the record, that should be stricken out.

DR. CHARLES D. EATMAN: I have the report of the Advisory Committee for Veterans Administration Program.

ADVISORY COMMITTEE FOR VETERANS ADMINISTRATION PROGRAM

The Veterans Advisory Committee of the North Carolina Dental Society has just had one of its best years.

The accomplishments and proposals for the year are as follows:

Closer cooperation between the Veterans and the other members of the North Carolina Dental Society.

Closer cooperation between the Veterans Administration and the North Carolina Dental Society.

Aid to the New Men who have started practice during the year.

Continued operation of the Veterans Advisory Committee on a District level in order that the individual may benefit directly.

Mid-winter meetings of the officers and committee members of the Veterans organization to study the problems of the Veterans and to purpose new changes that would effect all North Carolina Dental Society members.

Study with Veterans Administration officials all new changes of regulations from headquarters in order that all members may receive benefits.

Study other state existing laws within the Dental Societies and try to improve our own organization.

The proposal of a Resolution to be presented to the North Carolina Dental Society to aid (in the case of an emergency) both the society and the Veteran.

We wish to express our sincere appreciation to the members of the North Carolina Dental Society for their splendid cooperation in making this year one of the best in the Veterans history. All members have cooperated one hundred per cent.

Respectfully submitted: Charles D. Eatman Chairman, Advisory committee for Veterans Administration program.

PRESIDENT McFALL: Is there any objection to the report?

(There was no response.)

It will be received and approved as read.

DR. EATMAN: I have a proposal, if you wish.

PRESIDENT McFALL: A proposal?

DR. EATMAN: Yes, a resolution to be presented to the House of Delegates at this time.

PRESIDENT McFALL: All right, Mr. Chairman.

RESOLUTION

Resolved: In the event of a National Emergency, that the Military Affairs Committee for the North Carolina Dental Society be authorized as the Committee for Procurement of dentists for Federal service.

The procurement follows a definite pattern. Namely:

1. Those men who received any or all of their professional training at government expense, and who had no active military service, shall be selected first.

2. Those men who had no active military service shall be selected second..

3. Those who have had active military service shall be selected third, and in accordance with a point system. Time spent in professional school at government expense, shall not be considered active for the purpose of computing points for procurement.

The points shall be computed as follows:

- 5 points per month for foreign duty
- 5 points for each dependent child and wife
- 3 points per month for home duty.

It is the intention that this resolution shall not in any way conflict with any Federal or State law.

Be It Further Resolved. That a copy of this resolution, showing that it has been approved by the North Carolina Dental Society be presented to the governing body of each State Association, Military Affairs Committee Chairman of each State, Chairman of the Council of Federal Government, Secretary of Defense. Surgeon General of Army and Navy and any other officials deemed necessary.

That a copy be sent to the Secretary of the American Dental Association, to be presented to the House of Delegates for their approval on a national level.

PRESIDENT McFALL: Gentlemen, on pages 364, and 365 of your Bulletin you know what you are voting on because you are taking a step to back up the Veterans' group on something they want not only a State level, but on a national level. That is just to keep the record straight as to what you are voting on.

It is a little bit more than perfunctory when you approve it.

DR. FOX: Mr. President, I wonder if Dr. Eatman wouldn't amend that to state that the Chairman of the Committee should notify these people rather than the Secretary of the Society notifying all these people.

The Secretary has an awful lot of work to do, and there is going to be a lot of writing.

DR. EATMAN: I don't get what you mean, Burke.

DR. FOX : You said a copy of that should be sent to about 12 or 15 people and others as deemed necessary by the Secretary.

DR. EATMAN : That is the Secretary of the Veterans North Carolina Dental Society and not the Secretary of the North Carolina Dental Society.

DR. FOX : I beg your pardon.

PRESIDENT McFALL : You see, it has been published since the Bulletin was out.

DR. EATMAN : There is absolutely nothing in the report that would interfere with any of the organizations of the North Carolina Dental Society, absolutely nothing.

PRESIDENT McFALL : Any objections, gentlemen? (There was no response.)

It will be accepted and approved as read.

Thank you so much, Dr. Eatman.

LEGISLATIVE COMMITTEE

The members of the Legislative Committee have been kept busy aiding in every way we could the American Dental Association Legislative Committee with National Legislation. Dr. Paul E. Jones a member of our Committee and also a member of the North Carolina Senate, is a member of the American Dental Association Legislative Committee

A selected member of our society serves as a contact representative for each of the U.S. Senators and Congressmen. However, each member should assume the responsibility of keeping his Congressman informed as to our position on Legislative matters.

Our Dental School has been authorized by the North Carolina General Assembly and the physical plant is now being rushed to completion. However, the problem of securing and understanding faculty for the Dental School, Dental Hygienists School, and later for the Graduate School, is going to call for an additional State appropriation. This will be the number one problem for the Legislative Committee during the 1951 Session.

The Committee plans to issue this fall a progress report on Dental College affairs to all members of the 1951 General Assembly. A copy of this report will be mailed to each member of the North Carolina Dental Society and we do hope that you will explain to your state Senator and Representative the need for additional appropriations and urge their support.—H. O. Lineberger, Chairman.

PRESIDENT McFALL : Dr. Z. L., we appreciate more than we can tell, what the Legislative Committee has done, even inactively, since the Legislature hasn't met, because they haven't been inactive.

It will be received and approved as read.

DR. LINEBERGER : I have a report of the Dental College Advisory Committee to the University of North Carolina.

DENTAL COLLEGE ADVISORY COMMITTEE TO THE
UNIVERSITY OF NORTH CAROLINA

The Advisory Committee on dental affairs to the University of North Carolina has held several meetings in Chapel Hill advising with the University of North Carolina Officials and especially the Faculty Committee named to recommend a Dean for the Dental School. The Committee composed of Dr. E. G. McGarvran, Dean, School of Public Health, Chairman; Dean Marion L. Jacobs, Pharmacy School and Dr. R. E. Coker, worked very closely with the Dental Advisory Committee and called us in to help solve many major points involving policy, etc. Dr. McGavran attended the American Dental Association meeting in San Francisco and with the aid of members of the Advisory Committee interviewed many prospects for the position of Dean and Faculty members for the Dental School.

The Advisory Committee wishes to take this opportunity to express thanks to the University Officials and especially Chancellor House, acting President Carmichael, Dean Berryhill, Mr. Teague and Mr. Shepherd, of the Budget Department; Drs. McGavran, Jacobs and Coker of the Special Committee.

A message of sympathy was sent Mrs. Jacobs upon the death of Dean Jacobs.

Dean John C. Brauer, of the Dental School, since he arrived in Chapel Hill on March 1, has met with the Committee on several occasions and discussed with us matters of policy and plans for the new Dental School. The Committee feels that we are very fortunate in securing Dr. Brauer as our Dean. He has gone right into his work setting up the Dental School and is rapidly making for himself a definite place in the social and professional life at the University of North Carolina, and throughout the State.

The Dental School at Chapel Hill is in need of additional funds for extras not provided for in the state appropriations. Possibly the most important items will be books for a new library, research, special items of equipment and to supplement salaries.

A long list of members have made contributions to the Dental College Fund. It is hoped that all who have not contributed will do so and some who have contributed may care to make an additional gift. The final list of all donors to the Fund will be published. It is hoped that every member will make a gift and will be included in the final list of donors.

The committee recommended that the campaigns for funds be continued until the date of the laying for the corner stone for the Dental School—Further that all donors be listed as charter members of the Dental Endowment Fund, or to such relationship, or we may enjoy individually or as a foundation in cooperation with the North Carolina Medical Foundation.—H. O. Lineberger, Chairman.

PRESIDENT McFALL: Dr. Henry, I want to say what I am sure is in the heart of every man here. You are very greatly loved in North Carolina. You must know that. And all the wonderful work you have done—as much as all of us appreciate it, we appreciate you a whole lot more.

What we can help you do, you let the rest of us do, because you have literally worn yourself out in service to a grand group of guys who love you. We hope that the Lord is going to keep you here a long time with those fine ruddy cheeks, and besides being President of the American College of Dentists, you can just do these 40-11 committees in North Carolina.

Is there any objection to this fine Committee report? (There was no response.)

Henry, we thank you and all of your grand group so much.

Dr. Hunt suggests that the Financial Report be given at this time on the Dental College work.

FINANCIAL STATEMENT DENTAL COLLEGE COMMITTEE

12-1-47—Dr. O'Rourke, Expenses	\$ 250.00
12-31-47—Mimeographing and postage	50.21
3-19-48—Dr. O'Rourke, Service and expense	200.00
4-14-48—Dr. R. M. Olive, expense in survey	16.00
5-12-48—Mimeographing and postage, telephone, telegrams	175.00
8-30-48—Dr. R. W. McNulty, expenses	130.00
2- 7-49—Printing, postage, telephone, legislative	125.68
4-27-49—Mimeographing, postage, telephone	125.11
4-27-50—Printing and mailing cards to membership	15.00

Total\$1,305.95

Total Collections\$1,731.70

Checks on Dental College Acct. 1,305.95

Balance in Dental College Acct.\$ 425.75

Bank Charges 52

Balance\$ 425.23

Checks written on N.C.D.S. Account:

4- 2-48—Mimographing, postage, letter to membership	\$ 10.00
4- 2-48—Expenses, services and honorarium for Dr. O'Rourke ..	100.00
4-2-48—Expenses, services and honorarium for Dr. O'Rourke....	50.00
7-1-48—Expenses, services and honorarium for Dr. O'Rourke....	100.00
7-14-48—Honorarium to Mrs. O'Rourke after Dr. O'Rourke's death	500.00

Total\$ 760.00

Checks on N. C. D. S. Account\$ 760.00

Checks on Dental College Account 1,290.95

Total expense to date for survey\$2,050.95

Total Collections\$1,731.70

Amount used from N. C. D. S. Account\$ 319.25

Paid to Dr. Horner on 6-23-49, Refund by University of N. C.\$ 220.00

DR. HENRY LINEBERGER: I want to make this statement right now at my first opportunity to the members of the North Carolina Dental Society.

I want to say I deeply appreciate your many thoughts in consideration during my illness. You are a fine bunch of fellows. You have a fine organization, and I hope that God will bless every one of you.

PRESIDENT McFALL: Thank you, Henry.

Who has the next Committee Report, please?

DR. ALFORD: I have a report from the State Board of Dental Examiners.

THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

To His Excellency

W. Kerr Scott

Governor of North Carolina

Raleigh, North Carolina

Sir:

In accordance with the provisions of dental law, I wish to hand you herewith, a report of the proceedings of the North Carolina State Board of Dental Examiners for the calendar year of 1949.

Three meetings have been held during the year.

The North Carolina State Board of Dental Examiners held a special meeting at Carolina Hotel, Pinehurst, N. C., May 19, 1949 to provide a hearing for Dr. and Mrs. George K. Carter, of Taylorsville, N. C., who were charged with the employing of an unlicensed person to perform dental operations in his office and practicing dentistry without a license, respectively; Also to transact any other business coming before the Board.

The matter of Dr. C. C. Hatch of Sanford, N. C., whose renewal license has been withheld pending an investigation of reports that he had excessively used alcohol to the extent that he was incapacitated as a dentist, was discussed. The investigation revealed that Dr. Hatch had been using alcohol, but after his renewal license had been withheld, he had discontinued the habit, taken hospital treatment and affiliated with the Alcoholics Anonymous. His conduct has been good since January 1st. Dr. Walter Clark made a motion to renew the license of Dr. Hatch and write a letter of encouragement to him, which was seconded by Dr. Neal Sheffield and carried. The Secretary was instructed to write the letter and renew the license.

The meeting was adjourned until 10:30 o'clock A.M. May 20th.

May 20, 1949, Carolina Hotel, Pinehurst, N. C. Room 80.

Meeting was called to order by Dr. D. L. Pridgen, President. All members were present. Dr. and Mrs. George L. Carter were present and

given an opportunity to explain the charges against them, as revealed in the report of the State Bureau of Investigation. They both made explanation of the cases reported and state that there was no intent to flagrantly violate the dental laws of North Carolina and if there had been any violation, it was through lack of complete familiarity with the terms and provisions of Article II, Chapter 90, General Statutes.

Dr. Carter agreed to sign stipulations and agreement that he would strictly abide by the laws in the future and should there be other violations, then the charges in this report would be re-opened. The Board agreed to postpone final action on said charges on the condition that the accused observe and continue to observe in the future the provisions of the law with reference to the practice of dentistry in North Carolina, it being specifically stipulated by the accused that upon the postponement by any action by the Board, action may be taken up by the Board at any future time and without regard to any future changed in the membership of the Board, upon the record before it now, it may act in its discretion to the best interest of the public. This agreement was signed by Dr. Carter and filed with the Secretary of the Board.

The Board voted to continue to abide by the rule which was adopted on May 5, 1946 as follows:

On and after May 5, 1946, all applicants for license to practice dentistry in North Carolina shall have graduated and received a diploma from an approved or provisionally approved dental school by the Council on Dental Education of the A. D. A., at the time of the graduation in the United States.

The Secretary was authorized to investigate the reports of violations of the dental law by Dr. F. B. Hicks of Hickory, N. C., and Mr. Roby Hicks of Minneapolis, N. C.

A one day per diem was voted for this meeting.

There being no further business the Board was adjourned.

The North Carolina State Board of Dental Examiners held its sixty-ninth regular meeting at the Carolina Hotel in Raleigh, North Carolina, beginning Monday morning, June 27, 1949 at 9:00 A.M., for the purpose of examining applicants for licensure and to discuss and dispose of any other business that might come before the Board.

All members of the Board were present with Dr. D. L. Pridgen, President, presiding. Forty-two applications for examination were examined and the applicants having complied with the requirements of the State Board, were permitted to take examination required by the Board. Applicants No. 34, Verne Clarence Dortch, of Atlanta, Georgia, and No. 36, Robert B. Keller, of Orangeburg, New York, failed to be present for the examination.

The Theoretical examinations were given in the Hall of the House of Representatives at the State Capitol. The Practical examinations were held in the ballroom of the Carolina Hotel.

Dr. J. W. Robinson of Axton, Virginia who was issued original license No. 435 on June 23, 1909 by the North Carolina State Board of Dental Examiners, appeared before the Board and applied for reinstatement of his license. Dr. Robinson had never practiced in North Carolina and had never renewed his license. Since graduation, he has practiced in Virginia, Wyoming and Panama Canal Zone.

The Secretary was asked to accure references and investigate Dr. Robinson's character and conduct since his original license was issued and report to the Board his findings through the investigation. Action on Dr. Robinson's application was deferred until the investigation was completed.

The Board voted to meet in Raleigh at the Carolina Hotel, Sunday, July 17, 1949 at 9:00 A.M., for the purpose of canvassing grades of the examination given, beginning June 27, 1949. All bills connected with the examination were ordered paid.

There being no further business, the Board adjourned.

A special meeting of the North Carolina State Board of Dental Examiners was held at the Carolina Hotel, Raleigh, N. C., July 17, 1949 at 10:00 oclock A.M., for the purpose of tabulating the grades of the applicants for dental licenses who were examined beginning June 27, 1949 and to transact any other business coming before the Board.

All members of the Board were present with Dr. D. L. Pridgen, President, presiding.

The results of the tabulation of the grades of the examination given, beginning June 27, 1949 in Raleigh, N. C., the following having made an average of 80 or more, were given license to practice dentistry in North Carolina:

License

No.

1950—P. W. Sowers	Linwood, N. C.
1951—G. W. Morrison	Tampa, Fla.
1952—B. W. Harwood	New London, N. C.
1953—W. S. Kirk	Salisbury, N. C.
1954—H. C. Good, Jr.	Bristol, Tenn.
1955—W. H. Oliver	Smithfield, N. C.
1956—M. H. Solomon	Warsaw, N. C.
1957—J. C. Garland	Atlanta, Ga.
1958—W. B. Gregory, Jr.	Elizabeth City, N. C.
1959—Marvin Pleasants	Louisburg, N. C.
1960—L. D. Pruett	Casar, N. C.
1961—J. W. Sigmon	Newton, N. C.
1962—G. H. Barnett	Suffolk, Va.
1963—W. M. Spence	Elizabeth City, N. C.
1964—J. B. Howell	Ellerbe, N. C.
1965—J. P. Swain, Jr.	Raleigh, N. C.
1966—J. E. Roberts	Marshall, N. C.
1967—C. H. Sugg	Varina, N. C.
1968—C. A. Adams, III	Durham, N. C.
1969—R. W. Timberlake	Winston-Salem, N. C.

1970—J. E. Shelton	Fredricksburg, Va.
1971—Herbert Fuerst	Rocky Mount, N. C.
1972—R. W. Locher	Lima, Pa.
1973—C. N. Watts, Jr.	Charleston, W. Va.
1974—B. F. Beasley	Fountain, N. C.
1975—N. G. Nicholson	Charleston, W. Va.
1976—R. L. Hayes	Greensburg, Pa.
1977—J. F. Worsely	Downers Grove, Ill.
1978—R. G. Taylor, Jr.	Laurel Springs, N. C.
1979—A. L. Smith, Jr.	Lemon Springs, N. C.
1980—R. L. Wohlers	Miskagon, Mich.
1981—J. M. Hubbard, Jr.	Durham, N. C.
1982—J. H. Love	Sevierville, Tenn.
1983—D. D. Lee	Fayetteville, N. C.
1984—W. D. Thompson	Copperville, Tenn.
1985—C. M. Kistler	Longmont, Colo.

The following failed the examination, having made an average of less than 80:

S. R. Chilott	Fredricksburg, Va.
L. H. Long	Viroqua, Wis.
J. C. Kinlaw	Henderson, N. C.
R. E. Rabil	Weldon, N. C.

After an investigation the Board was unable to find any evidence against the character or ability of Dr. J. W. Robinson of Axton, Va., and it was voted to re-instate his license as requested in his application for re-instatement on June 27, 1949.

The Board voted ten days per diem. for holding the examination, grading papers and canvassing the grades, with \$6.00 being allowed for the printing of questions.

The following officers were elected for the ensuing year:

Dr. Neal Sheffield, President, Greensboro, N. C.; Dr. Frank O. Alford, Secretary-Treasurer, Charlotte, N. C.

Dr. Wilbert Jackson and Dr. Frank O. Alford were elected Delegates to the meeting of the American Association of Dental Examiners to be held in San Francisco, California, October 15-16, 1949. Dr. Wilbert Jackson and Dr. A. T. Jennette were elected delegates to the North Carolina Dental Society for 1950.

There being no other business, the Board adjourned.

Indictment was made against one, Roby Hicks of Minneapolis, N. C. for practicing dentistry without license and the case is now awaiting trial in court.

Several other investigations of reported violations of the dental law has been, and or, is now being conducted, but this far insufficient evidence has been secured to justify indictment.

Attached hereto, is a financial statement as of January 1, 1949 to December 31, 1949, which was compiled by a Certified Public Accountant. —Frank O. Alford, Secretary-Treasurer.

George E. Bombhart
CERTIFIED PUBLIC ACCOUNTANT
Commercial Bank Building
Charlotte, N. C.

February 14, 1950

Dr. Neal Sheffield, President
North Carolina State Board of Dental Examiners
Greensboro, North Carolina

Dear Sir:

We have examined the Balance Sheet of the North Carolina State Board of Dental Examiners as of December 31, 1949 and the related statement of cash receipts and disbursements for the calendar year then ended, have examined and tested its accounting records and other supporting evidence, by methods and to the extent we deemed appropriate. Our examination was made in accordance with generally accepted auditing standards applicable in the circumstances and included all procedures which we considered necessary.

In our opinion, the accompanying Balance Sheet of North Carolina State Board of Dental Examiners and the related statement of cash receipts and disbursements, present fairly its financial position at December 31, 1949, and the results of its financial operations for the calendar year then ended, in conformity with basis.

The following is an index of the Exhibits and Schedules contained therein:

Exhibit A. Balance Sheet as of December 31, 1949

Exhibit B. Cash Receipts and Disbursements for the year ended December 31, 1949.

Schedule A-1. Reconciliation of Cash—December 31, 1949

Schedule B-1. Examination and Clinic Expenses for the Year ended December 31, 1949

Schedule B-2. Per Diem and Travel Expenses for Year Ended December 31, 1949

Respectfully submitted.—George E. Bombhart, C.P.A.

EXHIBIT A:

NORTH CAROLINA STATE BOARD
OF DENTAL EXAMINERS
DR. FRANK O. ALFORD, *Secretary-Treasurer*

BALANCE SHEET

December 31, 1949

Assets:

Cash in Bank	\$1,547.09	\$1,579.09
Cash in Hand	32.00	
Total		\$1,579.09

Liabilities and Surplus:

No Liabilities

Surplus	\$1,755.60
Total	\$1,579.09

EXHIBIT A-1

NORTH CAROLINA STATE BOARD
OF DENTAL EXAMINERS

RECONCILIATION OF CASH

December 31, 1949

Cash on Hand:

In Office	\$ 32.00
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Cash in Bank:

Union National Bank—Charlotte, N. C.:

Balance as per Bank Statement	\$2,283.71
Less—Outstanding Checks:	
Number 177	\$300.00
Number 178	300.00
Number 179	100.00
Number 180	36.62
	736.62
Total	\$1,579.09

EXHIBIT B

NORTH CAROLINA STATE BOARD
OF DENTAL EXAMINERSDR. FRANK O. ALFORD, *Secretary-Treasurer*

CASH RECEIPTS AND DISBURSEMENTS

Year Ended December 31, 1949

Cash Balance at January 1, 1949	\$1,755.60
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Cash Receipts During Year:

1949 License Issued, 39	78.00	
1950 Licenses Issued, 1,004	2,008.00	
Examinations Fees, 43	860.00	
Reinstatements, 2	16.00	
Sale of Mailing Lists	25.00	2,987.00
Total Cash Available		\$4,742.60

Cash Disbursements During Year:

Salaries:

Dr. Frank O. Alford, Secty.-Treas.	\$300.00	
Miss Johnsie Cashion, Asst. Secty.	300.00	600.00

Per Diem and Travel Expense—

State Board, Sch. B-2	864.00
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Examination and Clinic Expenses—

Schedule B-1	767.48
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Postage	100.00
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Stationery, Printing and Office Expense ..	240.00
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Legal Expense	200.00
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Auditing	100.00
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Telephone Tolls	212.42
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Intangible Tax on Bank Account	1.49
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Check Returned	2.00
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Meeting Room—Pinehurst, N. C. 5-21-49.	30.00
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Dues—American Association of	
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Dental Examiners	45.00

Total	\$3,163.51
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Cash Balance at December 31, 1949:

Bank Balance	\$1,547.09
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Cash on Hand	32.00

Total	\$1,579.09
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SCHEDULE B-1

NORTH CAROLINA STATE BOARD
OF DENTAL EXAMINERS
EXAMINATION AND CLINIC EXPENSES

Year Ending December 31, 1949

Room for Examination (Carolina Hotel)	\$125.00
Rooms, Meals and Incidentals for Board Members	319.70
Nurse and Assistant	91.00
Laundry Service	25.08
Janitorial Service	30.00
Electric Wiring for Equipment	10.00
Storage of Equipment and Moving to Clinic	48.62
Insurance on Equipment	6.30
Advertising for Free Clinic	13.29
Stone Models	10.00
Materials for Clinic	49.50
Room and Meals—Grading Applicants	38.99
Total	<u>\$767.48</u>

SCHEDULE B-2

NORTH CAROLINA STATE BOARD
OF DENTAL EXAMINERS
PER DIEM AND TRAVEL EXPENSES

Year Ended December 31, 1949

Dr. D. L. Pridgen:

Per Diem	\$110.00
Travel	12.00
Meals	4.00
Questions for three meetings 1949	6.00
Total	<u>\$132.00</u>

Dr. Wilbert Jackson:

Per Diem	\$110.00
Travel	13.00
Meals	4.00
Questions for three meetings 1949	6.00
Total	<u>\$133.00</u>

Dr. Walter E. Clark:

Per Diem	\$110.00
Travel	52.00
Meals	4.00
Questions for three meetings 1949	6.00
Total	\$172.00

Dr. Neal Sheffield:

Per Diem	\$110.00
Travel	15.00
Meals	4.00
Questions for three meetings 1949	6.00
Total	\$135.00

Dr. A. T. Jennette:

Per Diem	\$110.00
Travel	21.00
Meals	4.00
Questions for three meetings 1949	6.00
Total	\$141.00

Dr. Frank O. Alford:

Per Diem	\$110.00
Travel	31.60
Meals	4.00
Questions for three meetings 1949	6.00
Total	\$151.60

Total Per Diem and Travel Expenses as shown by Exhibit B\$864.60

PRESIDENT McFALL: Frank, you did a grand service in there, and I am sure this is just as valuable. I am sure this group will be thrilled over everything that is in the report.

DR. BRANHAM: I have a report that Dr. K. L. Johnson was unable to be present due to the illness of his mother, in regard to the Hospital Dental Service Committee.

THE HOSPITAL DENTAL SERVICE COMMITTEE

Your committee wishes to report the following activities in the past year.

Information on hospital dental service has been mailed to several hospitals and dentists in the State. The chairman has had several personal interviews with dentists relative to establishing dental departments in hospitals.

The dental department of Oteen Hospital in Oteen, N. C., and City Hospital in Winston-Salem, N. C. have been examined, following their application for approval of the Hospital Dental Service Committee of the American Dental Association. The approval of both hospitals were recommended. Your committee has before it an application for approval from the Memorial Hospital in Charlotte, N. C. We have mailed out several application forms to hospitals, who intend seeking approval of their dental departments.—K. L. Johnson, Chairman.

I move its adoption by title.

PRESIDENT McFALL: K. L. did outstanding work last year and, with a great deal of imposition, we asked him to continue it. You remember his fine report in the Proceedings last year. He stayed right with it this year and has done just swell. Will you express to K. L. our keen appreciation, Tab, and we hope that his mother is speedily improving.

DR. JONES: I would like to make an oral report of the Advisory Committee to the North Carolina Good Health Association, and also on the Advisory Committee of the North Carolina Medical Care Commission and Good Health Association. There seems to be some similarity in the committees, but a difference in the membership.

The Advisory Committee to the North Carolina Good Health Association had one meeting during the year. Nothing had been presented to the Committee for action during the year.

Inasmuch as it seems that the Good Health Association is now liquidating their few little assets acquired during the campaign over the State and going out of business, it is a recommendation of the Committee that this Committee be discontinued.

This organization, per se, is being liquidated, as you know. If you remember, all of us received the Bulletin of Good Health Association of North Carolina, which is a very fine Bulletin. They were set up and doing business and communicating with us throughout the State. They did a fine job, but their mission has been completed, so to speak.

I think that is the reason that you saw fit to name this Committee—so that, if anything came up in connection with that Association, you would have somebody to act for you. That is why the Committee feels that it may not be needed further and that you might discontinue that Committee if you saw fit. That doesn't carry any mandate at all.

PRESIDENT McFALL: Paul, you never did get to the other thing that I talked about. Sylvester Green spoke to us today. He asked that we have an Advisory Committee from our Dental Society—

DR. JONES: Rerepresented the Medical Foundation of the State.

PRESIDENT McFALL: That's right, so I am asking your advice for the group as to what you think of our having a Committee which is similar to that which you have just been serving on?

DR. JONES: I think that would be perfectly all right, but I certainly would change the existing title. I would discontinue it and name a new title.

For the Advisory Committee, that is myself, Clyde E. Minges, H. O. Lineberger, John R. Pharr, S. L. Bobbitt.

For the Medical Care Commission and Good Health Association: We also have had one meeting. We deemed this Committee of importance to the State Society because we do maintain membership in connection with the Medical Care Commission through our loyal member and good friend, Fred Hale. It is his desire that this Committee be continued.

Nothing was presented to us during the year for action, but we think it wise that the Committee should be continued.

That is our report, Mr. President, as submitted by H. O. Lineberger, Wilbert Jackson, E. M. Medlin, and R. M. Olive.

PRESIDENT McFALL: Thank you so much on both counts. All of us appreciate it heartily.

DR. MATHESON: I would like to make a report on the Clinic Board of Censors.

THE CLINIC BOARD OF CENSORS

The duties of the committee of the Clinic Board of Censors is to attend, appraise and evaluate the clinics presented by members of the North Carolina Dental Society and recommended all those qualified to be presented at the A. D. A. meeting to be held at Atlantic City, October 31-November 4, 1950.

Your committee has met and agreed on a definite procedure for studying the clinics to be presented at this meeting and how we shall report them. Respectfully submitted.—Wm. M. Matheson, Chairman.

SECRETARY HUNT: May I ask that you please send me a list of those whom you select so I may forward it to the A. D. A. central office?

PRESIDENT McFALL: Thank you, Bill.

Is there any objections? (No response.)

DR. EURE: I would like to make a report of the very fine address which our President gave this morning.

THE COMMITTEE ON THE PRESIDENT'S ADDRESS

Your Committee in reporting on our President's Address, wishes to highly commend him on his address, for its information, inspiration, and high encouragement, and brotherly love among our members.

At the same time advising us as to present think, and directing us toward facing the future of a greater dentistry in our Nation, particularly here in our great state of North Carolina.

The President suggested the need of a new directory of our present membership with corrections, additions, and bringing it more up to date, in this we wholeheartedly concur.

The entire address, there was a current of thought, which led toward placing denistry on a higher level and making Dentists more useful, to the communities in which they serve.

It was an address on a high level providing the grass roots for rendering a better service to our patients, through social control and professional service.

It gave us encouragement toward our wishes of fulfilling dreams as to the care of our own loved ones now and on into the future.—S. P. Gay.

PRESIDENT McFALL: Are there other Committee reports?

DR. Z. M. STADT: I have the report of the Dental Caries Committee.

REPORT OF THE DENTAL CARIES COMMITTEE OF THE NORTH CAROLINA DENTAL SOCIETY

The members of the North Carolina Dental Society Dental Caries Committee have been charged with the responsibility of bringing to the attention of the officers and members of the society anything and everything that may contribute in some ways to the reduction and control of dental caries. During the past year the committee members have considered a series of caries reduction and control measures.

With respect to the use of topical applications of sodium fluoride information was circulated concerning the conclusions of the USPHS that "a series of four fluoride applications (ed. preceded by a tooth cleansing reduced dental caries incidence approximately 40-per cent and that all children treated benefit to this extent." Information was gathered as to the number of states which permit dental hygienists to apply sodium fluoride. Thirty-six states which license dental hygienists permit dental hygienists to apply sodium fluoride. A majority of the states, 35 states and four territories, have scheduled USPHS topical Fluoride Demonstration Teams. In some instances a white team and a Negro team were used.

The chairman of the Dental Caries Committee and others was invited to appear before the Executive Board on the question of allowing dental hygienists to apply sodium fluoride, and on the question of inviting a USPHS Topical Fluoride team to demonstrate in North Carolina.

The chairman arranged for members of the Dental Caries Committee and others to visit a USPHS Topical Fluoride Team demonstrating in Greenville and later at Spartanburg, South Carolina, and except for the committee chairman no one else appeared on the days set aside for the visit.

An effort was made to have the committee meet at Raleigh or at Chapel Hill earlier in the year, but the majority could not be present.

This morning we had a bare majority, augmented by an additional member at the afternoon session.

The following items were considered, the chairman requesting approval of the members to preside and participate a request that was granted.

I. On the question as to whether dental hygienists should be permitted to apply sodium fluoride to the teeth the committee was opposed to the granting of this permission by a vote of four to three.

II. On the question of whether to recommend that the House of Delegates go on record as favoring inviting a USPHS Topical Fluoride Team into North Carolina, the committee voted against the recommendation, six to one—the committee chairman favoring the recommendation.

III. On the question of fluoridation of water supplies the Committee voted unanimously.

a. That the policies of the N. C. State Board of Health on Fluoridation of Water Supplies be published in the proceedings of this annual meeting.

b. That the house of delegates recommend to its constitution, district societies and to the membership at large that the initiation for fluoridation come from the dentists in the community, working with the medical society and the local health society, and the local health department.

IV. The committee unanimously recommends that the House of Delegates endorse the resolution on candy and soft drinks passed by the house Dental Section 1 of the American Public Health Association at its annual meeting in New York last October 26, 1949.

V. The committee unanimously recommends that the House of Delegates take consideration of the following resolution at this meeting.

Whereas: It is an established fact that candy and carbonated beverages in the schools, play a large part in promoting dental decay, and

Whereas: Organized dentistry is heartily opposed to the sale of candy and carbonated beverages in the schools; now, therefore Be It Resolved that the North Carolina Dental Society at large oppose the sale of candy and carbonated water in the schools of North Carolina, in the interest of the health of our school children, and further, that this resolution be brought to the attention of the State Department of Instruction, the State Department of Health, and the district Dental Societies, and the President and Health Chairman of the North Carolina State Parent-Teachers Association for their consideration and further action.

VI. The committee unanimously recommends that the House of Delegates take consideration of the two-year study of Dr. L. S. Fosdick and his associates of Chicago and other places, and that it be recommended that the District Societies and the membership that brushing of the teeth immediately after eating be vigorously promoted in the public interest.

VII. The Dental Caries Committee recommends that the policies of the Joint School Health Committee be brought to the attention of the dis-

tricts and individual members by publication in the proceeding, and that the House Delegates set up a liaison committee for the following purposes:

a. To work with the joint School-Health Program co-directors Mr. Charles E. Spencer and Dr. C. P. Stevick; and that

b. A realistic fee schedual be established to serve as a guide for committee members and dentists participating in the program.

This concludes the official report. The member in attendance at the sessions of the Dental Caries Committee at Pinehurst were the following: Zachary M. Stadt, Chairman.

RESOLUTION PASSED BY THE DENTAL SECTION, A. P. H. A.
ON CANDY AND SOFT DRINKS, AT ANNUAL MEETING,
NEW YORK, OCTOBER, 26, 1949

"Whereas, dental caries is one of the most prevalent of all human ailments and,

Whereas, candies, soft drinks and like confections by constitute a large part of the carbohydrate intake of the public, and

Whereas, the promotion of the sale of candies and like confections by publicity in official public health periodicals and meeting tends (a) to ignore the foregoing establishment factor and (b) to increase factors detrimental to the dental health of the public, therefore be it

RESOLVED: that advertisements of candies and like confections should not be used for publication by public health periodicals and be it further

RESOLVED: that inasmuch as the American Journal of Public Health is recognized as the official organ of public health activities in the United States, its editorial board should take the lead in refusing to accept advertisements of candy and like.

JOINT SCHOOL HEALTH PROGRAM OF STATE BOARD OF
EDUCATION AND STATE BOARD OF HEALTH OF
NORTH CAROLINA

I. Recommended expenditures of school health funds for fiscal 49-50 be planned in such a way that the plan decided upon will be satisfactory in so far as possible in meeting the requirements of the Federal School Health Service Act as proposed.

II. The act specified (1) that to receive its full allotment of federal funds North Carolina shall appropriate for school health the amount of \$855,586 (2) that there is a plan "prepared by the State Board of Education agency and State Health agency jointly," and (3) that such reports as may be required by the Federal Agency shall be provided by the state.

III. In view of the above it is proposed:

(1) That the \$550,000 appropriated for the State Board of Education and the \$326,211 allocated to counties for school health by the State Board of Health be considered as a single fund for the following purpose.

(a) North Carolina school health appropriation will meet for requirements of Federal School Health Bill (pending)

(b) Local school superintendent may plan jointly the use of both types of funds.

(2) Plan of administration state funds of two agencies be such as nearly as possible comply with the requirements of the Federal National School Health Service Act, so that should Federal funds become available a plan will already be in operation that meets the basic requirements of the act.

The plan as herein proposed follows as closely as possible the BASIC requirements of the national school health services act as passed by the Senate (in Washington.)

IV. State School Health Plan shall be joint plan for the State Board of Education and Board of Health. Responsibility for supervision of technical qualifications and duties of the professional personnel such as physicians, nurses, hearing technicians, sanitarians, *dentists*, laboratory workers, etc.

(2) State Board of Education shall have general supervision of teaching qualifications and duties of teaching and supervisory personnel such as health, safety, and physical education supervisions, and special education teachers. State Department of Public Instruction shall have general supervision of the educational aspects of all health services to insure that the educational possibilities of health services are adequately utilized. RESPONSIBILITY for selection, preparation and distribution of instructional materials in all areas rest with the State Board of Education as provided by the law But with respects to medical and health facts the State Department of Education will consult with the State Department of Board of Health.

(3) State Department of Public Instruction and the State Board of Education and Health shall be jointly RESPONSIBLE FOR:

(a) The definition of health problems to insure that expenditures are not made on health problems that are not important.

(b) The work of the health educators conducting both school and community program to insure that both the public health interest and the school interest are correctly respected.

(c) The administration of the program in accordance with recognized policies of the State Board of Health and the State Board of Education.

(d) Schedules of service personnel working in schools in order that conflicts will not occur between health service programs and other school activities, and that health services will in so far as possible be correlated with health instruction.

4. Both State agencies through their respective staffs shall exchange views regularly on all points mentioned in item (1) and (2) preceeding and in so far as possible shall arrive at point decisions in the administration of the plan.

V. In view of the fact that specialized instructional assistance and technical medical and nursing consultation service will be required by the local schools and health departments and that an elaborate reporting service will probably have to be operated, all of which will require a full time staff with up to date knowledge of school health in all its aspects, it is proposed that the State Board of Public Instruction and State Board of Health develop a common school health administration unit having official Division of Bureau status in each agency and jointly responsible to both the State Health Officer and State Superintendent of Instruction.

VI. Since the School-Health Coordination Service already meets in the general requirements of an administration unit as having the responsibility for general supervision and promotion of the school health program and to strengthen the staff and facilities of this unit so as to enable it to carry out the duties assigned. In the Administration of the School Health Program the School Health Coordination Service shall have such administration responsibilities as are delegated to it by the heads of the two State Agencies.

Cooperation with the Divisions shall be carried out in accordance with the general policies of the above State agencies already in force.

VII. The general operation of the school health program will be:

(1) To allocate the maximum of funds available to local schools and health departments as grants in aid. If Federal Funds become available a portion of such funds will be used for personnel on the state level in accordance with provisions of the National School Health Services Act.

(2) That the health officer of each local health jurisdiction shall submit to the School-Health Coordinating Service a joint plan or plans for the expenditure of the funds allotted to each such area.

The School-Health plan coordinating service shall provide assistance to the local area in preparing these plans and shall have final authority in resolving local differences of opinion as to the details of the program, funds from both state agencies to be withheld until a satisfactory plan has been prepared.

(3) *The Board of Education* funds will be allotted on the basis of 50 cents per pupil in average daily membership for the previous year for each administration unit and in addition thereto there shall be allotted the sum of \$1,000 to each county of the state, which shall be divided between the administration units within the country on the basis of the average daily membership within each unit.

The Board of Health funds will be allotted on the basis of 40 cents per pupil average daily school membership for the previous year for each local health department jurisdiction.

(4) The funds shall not be restricted as to type of expenditure except that they shall be great for school health, this is to include medical, nursing, educational, technical and allied personnel, fees for clinicians services, defect corrections, travel of personnel and for transporting children to clinics and hospitals, and for equipment essential for conducting a school health program.

(5) State Board of Health funds will be budgeted through local health departments budgets and State Board of Education funds through local school budgets in the regular manner. The Division of Personnel between schools and health departments is to be superintendents and health officers. As much flexibility as possible will be allowed in local arrangements in accordance with the following general principals:

(a) Full time medical, nursing, and allied personnel should be paid from health department funds in so far as possible.

(b) Part time medical, nursing, and allied personnel should be paid from school funds if health department funds are not adequate for both full time and part time personnel of this type.

VII. (5) Continued:

(c) Salaries for sanitarians shall be paid out of health department funds only.

(d) Funds earmarked for school health may not be used for general clerical or stenographic employees.

(e) Health, physical education and safety consultants, or supervisors employed to work in city or county school administrative units should be paid from school funds in so far as possible.

(f) Health educators conducting exclusive school programs should be paid when conducting both school or community programs from either school or health department funds.

(g) Fees for the correction of defects should be paid from school funds in so far as funds will permit.

(h) All medical, nursing, and allied personnel employed should meet merit system standards where those standards apply. Educational personnel will meet the standards set up by the State Board of Education.

(6) Personnel assigned to the health department in so far as their training permits will carry out generalized public health duties, schedules being arranged so that the total school health service rendered by all health department personnel will equal or exceed the equivalent of the funds budgeted for that service. This arrangement will

(a) Make possible full utilization of health personnel outside of school hours and during vacation and summer periods.

(b) Provide for more efficient operation of the program since public health nurses and certain other personnel in the health department work on a district basis within their jurisdictions performing a variety of duties within that district.

(c) Make recruitment of personnel easier in some cases since most employees would probably prefer to have employment providing generalized experience.

(7) Expenditures for correction of defects shall be approved by the local health officer and school superintendent knows of the service rendered and that the charge are known by the health officer to be within reasonable limits according to local medical standards.

(8) The schedule of fees for correction of defects shall be established in each local area by the medical society subject to acceptance by the school superintendent and health officer. The schedule to be either on a fixed basis or a maximum and minimum basis. Welfare Departments may be asked to approve families needing assistance for the correction of defects if the following deem it is necessary. The local medical society school superintendent and health officer.

Approved by the State Board of Health, June 2, 1949. J. W. R. Norton, M.D., Secretary and State Health Officer.

Approved by the State Board of Education, July 14, 1949. C. A. Erwin, State Superintendent of Public Instruction.

NORTH CAROLINA STATE BOARD OF HEALTH'S POLICY REGARDING FLUORIDATION OF PUBLIC WATER SUPPLIES

"Present information, as revealed in a recent symposium on fluorides in drinking water, is that the presence of naturally occurring fluorides in drinking water, up to 1.5 parts per million, tends to inhibit dental caries. Experiments are now in progress, and some are nearing completion, to determine whether or not the addition of fluoride will reduce the incidence of dental caries and, at the same time, have no ill effect on other tissues and structures of the body.

"The State Board of Health takes the position that this is still in the experimental stage and does not care to go on record as unqualifiedly recommending its use. We call especial attention to the fact that there is a small margin between 1.5 parts per million which may be beneficial and 2 parts per million which may cause mottling of the enamel of the tooth.

"If the officials of municipal or other suppliers wish to fluoridate their water supplies, we do not wish to oppose this step, providing its application, that:

1. The city furnishes qualified technical personnel to supervise its application.

2. The proposed plan of the procedure of application and of the supervision of operation be submitted to the State Board of Health for approval before its application is begun.

3. Chemical analyses of both the raw and finished waters be made daily by a laboratory technician approved by the State Board of Health to insure that the fluoride content of the finished water does not exceed 1.5 parts per milion as established in the U.S.P.H.S. drinking water standards.

4. The daily laboratory findings be submitted to the State Board of Health, monthly, with the regularly water purification plant operation reports.

"We also suggest that municipalities contemplating this measure first secure the approval of their local dental and medical societies."

AMENDMENT TO POLICY REGARDING FLUORIDATION OF PUBLIC AND INSTITUTIONAL WATER SUPPLIES

In view of the requirements set forth in Article 10, section 130-109 of the General Statutes of North Carolina, the State Board of Health hereby amends the policy regarding the fluoridation of public and institutional water supplies as adopted December 16, 1948 by adding the following requirements to be known as the "*Required procedure for the Flouridation for Public and Institutional Water Supplies.*"

I. *Formal Application by Owner*

(a) Fluoride shall not be added to a public or institutional water supply unless and until a formal application has been submitted to and written approval is granted by the State Health Officer.

(b) Such approval will be considered only upon written application and after adequate investigation has been made to determine if the conditions set forth in the policy adopted by the State Board of Health on December 16, 1949 have been satisfactory and the facilities, their accuracy and the proposed method of control are satisfactory and meet the requirements hereafter stated.

II. *Resolution Required:*

The application requested authorized to add fluoride to the water supply shall be accompanied by a certified copy of resolution legally adopted by the municipal board, or governing body, stating that the advice of the local dental and medical societies have been received and considered and setting forth full information regarding the proposed procedure to be followed in applying fluoride, the type of equipment to be used and the control measures to be employed in its application.

III. *Duty of Owner*

Upon official approval of the application by the State Board of Health Officer, it shall be the duty of the owner of the water supply to comply with the following requirements with regard to applying fluoride to the water supply.

1. *Feeding Fluoride:*

Accurate feeding equipment must be provided for applying fluoride. Either gravimetric and volumetric dry-food equipment or positive displacement liquid-food equipment with accuracy within five (5) per cent is required.

2. Precautions for the Protections of Operators:

Special precautions must be taken to protect the operators from inhaling fluoride dust when handling this chemical and while charging the hoppers of the feeders. The following minimum precautions are recommended:

(a) Dry feeders shall be equipped with dust collectors consisting of bag filters operating under positive air pressure and vented to the outside air.

(b) Each operator who handles fluoride shall be provided with his individual toxic dust respiration to be used only when handling the chemical.

(c) When liquid-feed equipment is used, at least two solution tanks shall be available for the preparation and storage of the fluoride solution. These tanks should be either rubber lined or ceramic crocks.

NOTE: When a fluoride solution is used, there should be provided an electric operated instrument stirrer for use in dissolving the sodium fluoride and a small table model scale with a capacity of 0.0. to 25.0 lbs. for weighing the chemical. Also, if the water has a high calcium or magnesium content, it is desirable to provide a small zeolite water softening unit (10,000 to 20,000 grain capacity) to remove these salts from the water applied to the solution tanks to prevent precipitation of the fluoride. A hypochlorinator may be satisfactory used as a liquid feeder and its recommended that it be of the automatic proportioning food type.

IV. Control of Treatment Process

1. The treatment process shall not result in application of fluoride to the extent that the maximum concentration of fluoride in the treated water shall exceed 1.5 per cent at any time.

2. A qualified laboratory technician, approved by the State Board of Health Officer, shall be employed to conduct the necessary chemical analyses and to supervise the application of the fluoride.

3. Samples must be collected and analyzed daily from points before and after fluoridation and from one or more points in the distribution system. The minimum number of control tests shall include two (2) determinations for fluorides each day of the treated water supply and one or more samples collected from selected sampling points in the distributions system will depend upon the size of the system and the population served and will be determined by the State Board of Health in each individual instance.

4. The fluoride content of the water shall be determined in accordance with either the procedure given in the latest edition of Standards Methods for the Examination of Water and Sewage, the Lamar Modification Zirconium Alizarin Method as reported in the Journal of Industrial and Engineering Chemistry, Vol. 17, pp. 148-149, March, 1945, or other methods as approved by the State Board of Health.

5. Accurate records of the amount of fluoride applied to the water and results of all fluoride analyses shall be recorded daily on forms supplied or approved by the North Carolina State Board of Health and submitted to that Board on or before the tenth (10) day of the following month.

6. The chemical quality of the fluoride chemical applied to the water shall be approved by the State Board of Health; Tests for the purity of the chemicals shall also be approved by the State Board of Health and shall include the Pharmacopocia tests for heavy metals. (U. S. Pharmacopocia, XII, Page 720.)

V. Approval may be Rescinded:

Failure to thoroughly and effectively carry out the requirements governing the application of fluoride, or for other justified reasons shall be considered sufficient cause to rescind the approval of the State Board of Health and to withdraw the authorized granted for the permission to add fluoride to a public or institutional water supply.

DR. STADT: Mr. Chairman, if I may have the floor for a few minutes, I would like to elaborate on the present status of flouridation.

These facts and figures on flouridation are on the basis of an up-to-the-minute, nation-wide survey that was brought in by the completion of a questionnaire that had been submitted to the health officers of the several states in the dental health offices where such were in office.

At the end of 1945, the first year of the flouridation program, there were 240,792 people—this is the 1940 population figures—involved in four places, in four states or providences in the United States and Canada. At this moment, there are more than 1,000,000 people receiving fluoridated water in 37 places in eleven states, and by the end of 1950 there will be 91 places in nineteen states providing fluoridated water for more than 3,000,000 people. The last word from one of the studies of the University of Wisconsin is that Hongkong, with a population of more than 1,000,000, has approved this measure.

The largest city to approve it in the South is Louisville, Kentucky, with an estimated population of 450,000 people. The largest city that will be fluoridated in the country within a short time, if we can go by the number of people on the water distribution system, will be the City of Milwaukee, Wisconsin, with around 750,000 people.

I would like to tell you that we have the report, finally of the United States Public Health Service after five years of fluoridating at Grand Rapids, Michigan. This was given by Dr. H. A. Arnold, Jr., the Assistant Director of the Division of Dental Research of the Institute of Health and Bethesda.

It is a very guarded statement after five years of investigation, as you would expect the Public Health Service to do. Dr. Arnold stated that there is a suggested trend in the beneficial dental effects at Grand Rapids, and this trend has been observed as far as the eight year old group.

There are places that don't have to be quite as conservative in their reports, as, for example, Marshall, Texas, where, after 29 months, Dr. Ed Taylor, the State Dental Director, reported very enthusiastically that the six year olds demonstrated a 47 per cent reduction in dental caries. This is without the use of dental hygienics or dental personnel except for those who are directing the efforts as we are doing in Charlotte.

I would like to invite the members of the North Carolina Dental Society to visit with us in Charlotte and see how it is done, so they can realize what a simple procedure this is, and how the level can be varied within hundredths, not tenths, but hundredths of a millionth of a part. I might add this, too, that we are the first city in the entire country, or any place, with fluorized level which is being varied.

We recognize, and it is the only study that is being conducted in the Southeast, that our children drink twice as much water—this is a rough figure—during the summer as they do during the winter, and that therefore their fluoride intake is twice as much during the summer as it is during the winter. We are varying our fluoride level from the differential, you might say, of 0.5 (it is really 0.6, but we allow a difference of .1) from 0.6 up to 1.2 in the winter time.

That is an innovation that is receiving a great deal of recognition, not only in the area of public health, but it is attracting the interest of the United States Public Health Service, and a man who is doing a considerable amount of research in this particular thing. That is Dr. Cox of the University of Pittsburgh. It is a nation-wide interest, and we feel that North Carolina is making a wonderful contribution to the Public Health Dental Service of our country.

Mr. Chairman, deleting my personal remarks after the report, I would like to move the adoption of the report.

PRESIDENT McFALL: Thank you, Dr. Stadt.

I want to tell the group that I have never had such an assiduous Chairman in all my life. His thoroughness just overwhelms me. If we don't think he has facts, why call him on something. He has done a grand service for all of us, and we are deeply grateful to him.

His Committee Report carries a large number of recommendations.

We are two minutes past the dinner time now, and we have adopted other committee reports without objection. Are there objections to this report?

DR. FOX: Mr. President, in view of the fact that there must be some of those points in those recommendations that could be controversial, I would like to offer as a substitute motion that the Committee Report be accepted as information, which will not bind us to carry out all of its recommendations.

PRESIDENT McFALL: You have heard a substitute motion made by Dr. Fox. In view of the volume of material Dr. Stadt has covered, the substitute motion is we accept Dr. Stadt's Dental Caries Committee Report as information.

Is there a second to the motion?

DR. Z. L. EDWARDS: I second the motion.

PRESIDENT McFALL: The motion is now open for any discussion.

DR. STADT: Mr. President, I would oppose this motion very vigorously if I felt that this implied that the recommendations in the report of the Dental Caries Committee would not be carried through. For example, the request for the publication in the Proceedings of this meeting of the various items mentioned.

PRESIDENT McFALL: That Committee Report, sir, would have to be published as read, unless the House of Delegates, through some action, wished it or portions of it deleted, and then I think there would be a lot of argument on a precedent on that score.

But the motion, I repeat, which has been made and seconded is a substitute motion, for the Committee Report that it be approved and adopted. That is before you for discussion.

DR. McCALL: That report carries quite a few controversial items. I can't point out the items right now, but I think further action should be done.

I would like to move that we accept the entire report as information. Then, if he cares to go back over parts that need definite action, there is a time to recommend that.

PRESIDENT McFALL: The motion is that we vote first on the substitute motion which says that we accept the Dental Caries Committee report as information.

DR. STADT: Mr. President, if the acceptance of this substitute motion means that this all-important body of Delegates of North Carolina dentistry will not consider these things that have been seriously thought out by the Dental Caries Committee, then I am opposed to it because this is brought before the House for its consideration as Delegates.

PRESIDENT McFALL: You have heard Dr. Stadt, gentlemen.

Are there others to discuss the question?

DR. Z. L. EDWARDS: I don't ever want to be recorded as being opposed to anything in the interest of this organization or in the interest of the dental health of the children of this State.

There are some things in the report rather controversial. For instance, requesting us to vote to request candies, confections, and soft drinks not to be sold in the schools. I am not prepared to accept either one man's recommendations or three men's recommendations as scientific data that these articles of food or drink are as injurious as they may be in the minds of three or four men.

I know that happens to be a controversial subject in the minds of even scientists. They are not agreed entirely on the subject.

I am just wondering what some of our parents, school officials, would say if they got such a request from this or any other body. I don't want to oppose anything that has merit in the program, and I certainly think, in view of the circumstances, it would be the wisdom of good policy for this House of Delegates to accept this report for information and not go on record as endorsing everything that was written in the report because, in our more silent moments, in studying the report, we might find that we made a mistake.

PRESIDENT McFALL : Dr. Stadt, would you like to clarify to Dr. Edwards and the group that it is not the opinion of three or four men, but what your source of information was contained in your report?

DR. STADT : Gentlemen, this is a summary of the findings of the leading dentists in the United States. When I say leading dentists, I mean men who are most concerned with finding some solution to this overwhelming problem of dental caries, which is out of control. There is no control. Dental decay is occurring at a rate six times faster than we as a profession can keep up with it.

That is the standard for the entire United States, and from our investigations in Charlotte and our more recent investigations in Hickory, our control city, we know that this is a confirmed fact.

It is not a representation of a small committee here which makes these recommendations. It is a consolidation of greater opinions and minds than ours. I might say that it is the opinion of some 112 of our leading representatives in this field of science who gathered at Michigan and told us by definition what dental caries is.

If I may, I would like to read that definition.

"Dental caries is a disease of calcified tissues of the teeth. It is caused by acids resulting from the action of micro organisms on carbohydrates. It is characterized by decalcification of the inorganic portion and is accompanied or followed by a disintegration of the organic substance of the tooth. The lesions of the disease predominantly occur in particular regions of the tooth, and their type is determined by the morpho-logic nature of the tissue in which they appear."

Dr. Fosdick's report places new emphasis on the fact that candy and soft drinks are a critical factor, not the sole factor.

PRESIDENT McFALL : You have heard the definition with Dr. Fosdick's added opinion, gentlemen. Is there further discussion.

DR. McCALL : The motion is to accept it as information?

PRESIDENT McFALL : That is the substitute motion Dr. McCall. That the Dental Caries Committee report be accepted as information, which relieves the House of Delegates from taking any action on the several recommendations made by the Dental Caries Report.

As many as favor the substitute motion, make it known by saying Aye.

Those opposing the substitute motion, say No.

DR. STADT: No, Mr. President.

PRESIDENT McFALL: Dr. Stadt votes No. Does anybody else vote No. (There was no response.)

The Ayes have it, and it is so ordered. The report of the Dental Caries Committee comes to the House of Delegates as a matter of information, and it is so received. The meeting adjourned at 6:15 o'clock p.m.

EVENING SESSION

The evening session was called to order at 7:30 o'clock, Dr. Walter T. McFall, President of the Society, presiding.

PRESIDENT McFALL: Ladies and gentlemen, we are delighted to welcome all of you to the evening session. We appreciate your cutting short your delightful dinner and coming to be with us for this evening session.

At this time, I should like to recognize Dr. Claude Parks, who is Chairman of our Insurance Committee, for an introduction and presentation.

DR. CLAUDE PARKS: President Walter, members of the Society:

Your Insurance Committee has a report to make which we think will be of great interest to all of you who carry the group plan of disability insurance. It is in the nature of extended benefits at no extra cost.

Don't get worried that the man that I am about to present is going to try to sell you something. He is just giving you something. He is Mr. James Crumpton, Commercial Casualty Insurance Company, who carries our insurance. He has an announcement to make along that line, and he will take just two minutes.

MR. CRUMPTON: Dr. Parks, President McFall, members of the North Carolina Dental Society:

I am very pleased to be able to make the announcement to you which follows. The insuring company has voluntarily agreed to extend the benefits of the coverage which you have in the following respects:

In event of the accidental loss of any member of the body, the principal sum involved in the policy will be paid. This is the condition now existing. In addition to that, under the new coverage which will become effective on June 22, renewal of your policy, they will pay the weekly income for a period of five years, which means this:

For a dentist, should he lose his right hand, for instance, he would immediately receive a check for \$2,500 and \$2,600 a year for each of the next five years, which is a considerable extension over the present arrangement.

The second provision is that in the event of fracture or dislocations which do not require much loss of time, the Company has agreed to make a lump sum settlement for those, based on what kind of dislocation or fracture occurs. For instance, a hip joint which may disable you only a few days—you will still receive an immediate cash settlement of \$600 for that.

The third thing is this: In the event of disability lasting six months or longer, and a premium falling due during the period of time for which you are entitled to receive indemnity, the Company will waive all premiums that would be otherwise payable.

It gives me very great pleasure to make this announcement to you, and I just want to say it to you—this is the form of extended benefits which will be mailed to you, and I want to ask you to do just one thing. Please be sure, when you receive it, to attach it to your policy because it could mean anywhere from \$100 to \$18,000 for you. Thank you very much.

DR. PARKS: Thank you, Mr. Crumpton. This is the second added benefit that we have had from his Company since this plan was adopted in June, 1943. I think it is very fine.

PRESIDENT McFALL: Mr. Crumpton, we are so happy to have you do more good work for us.

We are very, very grateful to Mr. Crumpton, because I think he has gone way beyond the line of duty to make all of us a little more fortunate for having so fine a gentleman interest himself in our behalf. I have heard no criticism whatsoever of his handling of an individual case or the way Dr. Parks and the Committee has handled our insurance program.

I would just like to take this occasion, since I see so many of you lovely ladies who are with us this evening, to welcome you. We will welcome at all times any of you ladies who care to come to any session that we have, scientific or otherwise. The North Carolina Dental Society has no session ever that ladies cannot come to. You will be entirely welcome at any session you care to come to, and you can bring your children or other people that you should like to bring with you at that time.

I know of no man who could come into a State and have as many well-deserved, beautiful, satisfying things said about him in so short a time as our next speaker.

Dr. Brauer looks young and he is young, but he is not as young as you think. He is mature in many ways.

Our Dental Advisory Committee, working with a Coordinating Committee of four excellent professors and deans of schools at the University of North Carolina, very critically and carefully and analytically surveyed the field of everybody they would like to have as the first and new Dean of the School of Dentistry at the University of North Carolina at Chapel Hill. The man that they selected was head and shoulders above anybody else by a great wide margin, so some of them have said, off the record.

I said this morning that I had known John for more than 20 years. He has taught in our Southern schools. He knows many of our dentists and even some of the undergraduates personally because he was the man who, in General Mills' office in Washington, during a portion of the war, told a lot of the dental personnel where to go. Don't misinterpret that

statement as you have heard it before, because some of them would rather have been in Hades than where they were sent, but had to go. But that was a part of the fine work he did then.

He has done one of the finest textbooks that we have of dentistry for children, and his precious wife, Dora Lee, did the proof reading on it, so I know it was done right, because John knows a lot, but what he doesn't know Dora Lee tells him to say, and when he says it at the right time, it usually comes out better than he could have hoped for. I am sure you are going to love Mrs. Brauer as you do Dr. Brauer when she and Jimmy comes from the West Coast in early July, and we will be mighty glad to have them come.

Ladies and gentlemen, I hope that all of you during the meeting will take occasion to come up and say hello to Dr. Brauer. You will find him just exactly as we are. He is a Midwesterner, but he is as Southern as anybody I have ever known. He even talks like we do.

He is most anxious to know each and every one of you personally. He is not a hard person to get to know, and don't you think that he will think you are forward if you come up and say hello to him. You know, when we take somebody in the Church, the preacher always says that he wants the congregation to come down and speak to him, and 2 per cent of the congregation does, and everybody else rushes out to get the Sunday dinner and whatever else they have to do. So, tonight, after Dr. Brauer's talk to us, I hope as many of you as can and will, will get to know him personally.

John, as I said this morning, we are delighted to welcome you to the North Carolina Dental Society and to pledge the North Carolina Dental Society to you. I am sure that when they know you as well as I do, they will love you just as much. We are so happy to have you with us, Dr. Brauer.

DR. BRAUER: Thank you, President Walter McFall.

Distinguished guests, members of the North Carolina Dental Society: I feel very humble this evening, yet I feel very confident.

I feel confident that we will have and shall have a very fine School of Dentistry in the State of North Carolina at Chapel Hill. I feel that is true for a variety of reasons, a good many reasons—because the dentists of this State have made this School possible, no other State, no other area of the country having had a greater solidarity of purpose than we have had in the State of North Carolina. I don't know of anywhere in the country, in any State where there have been more dentists who have joined hands and who have had one objective—that is to build the finest dental education center they know.

There are many in this audience this evening that we should send bouquets to, that we should give our sincere gratitude to, and as the days and months roll on, I hope that in some small way I can live up to the things that you really have in mind in dental education. I wish that

we could repeat the many names and say the many fine things we want to say about so many folks who have done so much to make this dental education program possible.

You all know, of course, there have been a number of individuals who have, for a number of years, spearheaded this very vital educational program. I am referring, of course, to your friend and mine, a man who will live in the history of dentistry not in the State of North Carolina, but throughout this nation and throughout this world. I am referring, of course, to the man who has spent not only a few weeks but years doing the things for dentistry that makes dentistry great in this State and in this nation, a man who has given so much of himself, Henry Lineberger. (Applause.)

There is nothing that I could say and nothing that you could say to express the fine things that that man has done.

Then, of course, we have other very distinguished leaders who have given of themselves. There are so many in this audience who have given so much. The man who has been the immediate Past President of the American Dental Association, a man who has made so many contributions, who has given so much of himself and so much to the future educational activities of this State, Clyde Minges. (Applause.)

Then, of course, there are many others that we should name and tell about—Paul Jones, for example, who has done so much for the dentistry of this State and the course in dental education.

There is nothing I could say—there are no words that I could express what the gratitude is that I feel and the fine things that have been made possible for me throughout many years.

One day, back in about 1936—let's go back to 1933. I met a man who has been an inspiration to me ever since. It was at the Midwinter Meeting in Chicago, and there was a man who—well, I have learned so much from. He has such a grand philosophy.

This man, in 1936, called me from a long distance telephone station in Atlanta, Georgia. He said, John, you don't know it, but you are coming to Atlanta to teach dentistry for children." Well, he has done so much for me. He has given me so much direction. There is nothing I could say that would express my true feeling for your friend and mine, Walter McFall. (Applause.)

When the last pages are written in this history of ours and the history of this world, this great book, there will be those who have given lasting contributions to dentistry, lasting contributions that will live on in the history of dentistry.

One of the things that I would like to inspire in the students that we are privileged to work with—and I really mean privileged to work with—at the University of North Carolina, is that they have the sense of responsibility, a responsibility that they owe something to this great profession of ours.

There are many outside of this audience who have been sponges in the profession. They have accepted, year after year, but so few have made contributions, contributions that make this world a bit better place to live.

There are many in this audience who have made such contributions, not in terms of money—no, but in terms of making dentistry the type of profession that you and I want.

I feel it is our obligation in the field of academics, in the teaching of our students and the guiding of our students, to do far more than to teach them to be technicians, far more than to teach them to be diagnosticians, but to also feel that sense of responsibility that they do have something which they should leave behind, more than money. In other words, I feel and you feel that when you and I pass out of this picture, we would like to have something left behind, that we can say that dentistry is just a little better than it was when you and I began practice.

We have a real friend in dentistry, a friend that I have learned to admire very much, a man who has been a great councillor, who has given me much direction at the University. He is not a D.D.S.—no, he is an M.D. who has expressed a great interest in public health. Dr. Edward McGavern has been a real champion of dentistry and has made many fine contributions to dentistry. I would like to express my appreciation at this time for his leadership in the Division of Health Sciences of which dentistry is a part at the University of North Carolina.

I am proud, too, to have the opportunity of working with the kind of a profession that you exemplify, the kind of leadership you exemplify, because there hasn't ever been in the history of dentistry anywhere, the drive, the desire, and the leadership for the creation of a dental education center.

I hope that for many, many years to come that I have the privilege of working with the Advisory Committee to the School of Dentistry at the University of North Carolina. The Chairman, of course, is Henry Lineberger.

We have a number of individuals who have given much of their time, first in the development of legislation and then the follow through to the legislation. Now, they spend several days at different intervals, to be sure, in coming to Chapel Hill to help me and give me counsel and try to help build the kind of an institution that you want. I would like to feel at all times, and sincerely so, that I represent you ladies and gentlemen in dentistry, and above all I want to have that privilege to represent dentistry in education in this State.

This Advisory Committee has been a tremendous help to me, and again, we shall have the opportunity over the period of months to work with the many problems in the organization of our faculty, in the organization of our entire program for dentistry. I feel it a real privilege to have this official committee of the North Carolina State Dental Society, and I know for years and years, that we can have the privilege of working with that Committee.

Building plans are maturing fairly rapidly. Tuesday evening the architect presented to me a full set of drawings. The first, or preliminary drawings, of course, are those that present the general architecture of the buildings consistent with the buildings around the campus. You know the Georgian architecture prevails.

We have some 750,00 cubic feet that we are building into a school of dentistry consistent with the appropriations that are available and have been made available through the efforts of this Dental Society. We plan very soon to go into the very detailed working plans of the building, and we should have the contracts let sometime late this fall. I would judge that our building would be completed sometime early in 1952.

It is our plan, of course, to initiate our clinical program in the summer of 1952. In other words, we could have the first and second year class completed and then we could proceed with our clinical schedules.

There are those who have questioned regarding the number of patients and the scheduling of patients for our clinical activities. In the Division of Health Sciences, it has been our plan to channel our patients from the out-patient department of the hospital through to the School of Dentistry. It is part of the plan to have available all of the medical records of the University Hospital at all times, and we can channel patients back and forth, so I think we will have an opportunity second to none in the world today to study dentistry from the general health point of view.

I think we have an opportunity, too, for this reason—that we have a philosophy which you, as a State Dental Society, and your membership has exemplified—that we are truly a health science, and so we have, at the University of North Carolina, a Division of Health Science. Within this Division of Health Science, we have the schools of dentistry, the schools of medicine, nursing, and pharmacy, and public health, and then the University Hospital, all of which are combined into one division. So, any appointments made to dentistry must clear the Division Board. Any of the appointments made to medicine, to nursing, and to any of the areas in the field of the Division of Health Science, must include and must pass and must be approved by this Board.

The Deans of the School of Dentistry, Public Health, Pharmacy, and Medicine, and the Director of the Division, are all members of this Board.

So, we have an opportunity, I believe, that is second to none to study many of the problems relating to the health of the individual as related to dentistry.

Something regarding admissions. You know that we have had a vast number of applications. As a matter of fact, we have had somewhere between 450 and 500 inquiries regarding admissions. So, we have screened that number down to approximately 150, and from that 150 we are now selecting a class of 40.

Our first class will be 40 in number, our second class will be 40 in number, for the reason that our building is not completed, and we will have our basic science instruction in the Basic Science Department of the

School of Medicine, where we will have the same staff and the same laboratory facilities, and generally and basically, the same course of instruction as for the students of medicine.

Presently, we have selected out of the total class of 40, 31. To date, we have selected one out-of-State student, from South Carolina. To date, we have selected one young lady to represent the fair sex in this first class. I think there have been only two applications of young ladies for this first class, and we have selected one of them.

This coming year, not this fall, but for the fall of 1951, the University of North Carolina has signified its intentions, with 39 other schools, or 40 as a total, that they will require all students to be considered for the fall of 1951 to have had the National Aptitude Test. The National Aptitude Test is one that is set forth by the Council on Dental Education of the American Dental Association. Your good friend and mine, Wilbert Jackson, of course, has had much to do with that.

The Council on Dental Education is making this aptitude test available, and this is the way it will work beginning in the fall of 1951.

Any individual, young man or woman, who is interested in dentistry, will submit his complete application, all of his credentials, official transcripts, etc., to the office of Admission of the University. Then, the Committee on Admission will screen these applications and those applications which we would like to submit for further review to the Council on Dental Education will then be submitted as a list of names to the Council subsequent to the screening of all our applications, or at least applications as they come in. We will then submit that list to the Council on Dental Education.

The Council will then make available a designated time and place for the applicant to take the aptitude test. The first aptitude test will be given late this fall, in December. The one center in this State, of course, is the University of North Carolina. There is another center at the University of South Carolina, at the University of Florida, and so on, throughout the Southeast.

We will have at least three and possibly four such aptitude tests. It will be a test not only for digital dexterity, but for many other areas of background of training as far as the individual is concerned. I think we have enough experience, over a period of five or more years in aptitude testing on a national level, to warrant giving that as one of the criteria for the selection of our candidates. It will not be the total criteria—no, but it will be one of them.

The question has many times arisen, "Are you primarily interested in grades with reference to admission for students in dentistry?" The answer is, we are not primarily interested in grades. We are interested in grades—well, we have a certain base line which we have to follow. Each year we have to submit the complete records of all the candidates that we accept to the Council on Dental Education for evaluation. The

Council on Dental Education will, in part, evaluate our school depending upon the type of candidates that we select. So, we are obligated in part to recognize grades, at least, certain base levels. Grades are important from that respect.

But, we also like to consider the individual's background, the philosophy of life that he has, and, well, something about his character, the recommendations that he has. Those are the things that I think you and I want for the future of this profession in your State.

So, I am doubly pleased and very happy to have the privilege of working with this Advisory Committee of your State Dental Society and mine, to work with me on the many grave problems that we have regarding selections and so on.

Dental education today has several responsibilities

No.1. I think our primary purpose in reposing a school of dentistry in this State is for the undergraduate student. I think we are first obligated to develop and present the very finest undergraduate student that we can in the general practice of dentistry—that is our first obligation to the State and the people of this State. So, we want to have a very strong, as strong as possible, undergraduate program that will permit the kind of practitioner, general practitioner, in dentistry that we desire.

No. 2. I think we should have a very active post-graduate or refresher program. I think we should have available short courses of a week or ten days or two weeks that many would like to follow through on once a year, every other year, and so on, in fields of oral surgery, the field of pedodontia, prosthodontia, periodontics, and many other areas. I think that is an obligation that we have in any educational program in this State.

Furthermore, I think we are obligated to develop a graduate program, a graduate program that will permit those individuals who do want to improve their practice to have available that sort of educational experience in this State.

So, first, we are obligated to set up the kind of an undergraduate program that you and I want. No. 2. the refresher courses, and then the graduate program.

Then, we are concerned, too, with the dental hygienist. We want to have a very active dental hygiene program. Tentative plans are to have the dental hygienists initiate their program in the fall of 1952. We will have our first clinical activity in the summer of 1952, and accordingly, we should be able to and we do plan, to have our dental hygienists curricula initiated in the fall of 1952.

I think, too, we have another responsibility in dental education today. For years and years, we have had a sort of standard curricula. I am sure that one of my jobs, and that of those who have registered interest in dental education, is to continually review the curriculum. I know there is a lot of dead wood in most of the curriculums. I know there is a lot of emphasis placed in certain areas that shouldn't be placed at the present time. There is ever a change in dentistry.

Today, we should continuously review the contents of our curriculum and bring it up to date in every respect.

I am sure, too, that there are techniques in education available wherein we can give a far greater experience to our students in a much shorter time if we have the techniques available that I am sure are and can be through experience developed. For one thing, I am sure that visual education can be developed much more than it has in dentistry.

I would like to see, for example, as one of our projects, a visual education library set up, a library that could be made available to students not only at the time of the lecture, but following a lecture whenever the student does have time available. There are techniques available in dentistry, techniques in education, that I think we must explore and utilize.

As the years roll on, I feel that if we don't make progress in having a better way, a more clear way, and a more sure way of presenting our areas of education, we haven't done the job that you and I want.

I would like to have everyone here feel that dentistry in North Carolina represents you. I would like to have each and every one of you come to Chapel Hill at every convenience. I would like to have you feel that I want to be your councillor in dental education. My door is always open. I would like to have you come and discuss your professional problems, your student problems, and believe it or not, I would like your telephone calls. I would like your letters of recommendation. Above all, I want you to feel that Chapel Hill is your center and your home in dental education and your professional home.

Thank you so much for the privilege of being here this evening. (Applause.)

PRESIDENT McFALL: I am so glad you like Johnny, too. I know increasingly, you will like him all the more, and we are going to be fortunate every day he stays with us to do this job, and he will do it and do it to your satisfaction.

Johnny, we are delighted to have had you know this grand group tonight, and I know, as you know them, you will increasingly love them just as the rest of us do who have had the privilege of knowing them. Today, when Charlie Poindexter so splendidly presented so many of our guests and out of State visitors, he called a vast number who, at the time of our opening session this morning at 9 o'clock, had not arrived. So, I am going to ask Dr. Fred Hunt, our very capable and efficient Secretary-Treasurer to spot a few who have come in since morning so that you may know that we have over 225 guests and out of State visitors with us at this meeting. We welcome each and every one of them.

SECRETARY HUNT: Mr. President, first, I think the audience might be interested in hearing the latest release from our registration booth. We had 450 dentists registered at 4 p.m.; 6 hygienists; 231 visitors, 67 exhibitors; a total of 754.

(Dr. Hunt then introduced guests and visitors:)

PRESIDENT McFALL: We are trying to say to each and every one of you that we are awful glad you came. I think this is the largest crowd for an evening session I have ever seen at the North Carolina Dental Society meeting.

We started this morning with our first essayist on Full Dentures. We wound up this afternoon with a man on dentistry for children, and this is the breakdown of how many three year olds there are in the State of North Carolina for every dentist in the North Carolina Dental Society to work on—110.88. It gives you an idea of what our essayists are doing for us.

We had one of the finest presentations today on practice management I think I have ever hear in my 28 years of practice. Dr. Frank Alford, our very able Secretary of the State Board of Dental Examiners gave a clarification and elucidation on the splendid work that is being done in our State statutes and the State Board of Dental Examiners that was a joy to hear.

So, we come to our final speaker for this day. This man has given clinics and papers to the edification and glory of dentistry in almost every state in the union as well as most of Canada. He is one of our best platform speakers

If you look in your program, you can see about half of his honors. "Ham" is a very modest, retiring kind of soul. I have never heard him address a dental group in America at which people weren't better informed, that a lot of hypotheses that have never been proven were not completely and clearly debunked.

I am sure, as he comes to us tonight with his splendid illustrated lecture, he will clear up some of the things that we should pay more attention to than we formerly have, and some of the things we should worry less about that we think might be malignacies. I know that you, like all the rest of us, will be glad that Dr. Hamilton B. G. Robinson is on our program. As his latest honor, he was awarded the Pierre Fauchard Academy award this year for the most outstanding work in American dentistry on preventive dentistry, and its works to make life sweeter and fined for boys and girls, men and women.

"Ham," we are delighted to have you with us.

DR. ROBINSON: I always wondered what they were going to do in Hollywood when they ran out of words like super-colossal, but they could always get Walter down to write their headlines, if he can build something up like that.

It is a great pleasure to be here in North Carolina. Since this State is working so hard to develop its dental education program, the rest of the country is all looking to it to see what John Brauer is going to come up with, and we all know you are going to have one of the schools which we will really be proud to have join the group of dental schools in the United States.

This problem of diagnosis of diseases of the oral cavity has always been extremely interesting to me. I didn't start out to be a diagnostician—I sort of fell into it. You start out to do one thing and find out you are a little more interested in other phases, and gradually find out what has to be done.

I have felt that one of the neglected phases has been this phase of diagnosis. We are in a peculiar position. About 100 years ago now, in Baltimore, they started the first dental school in the United States, and dentistry truly became a profession at that time.

It was said that our responsibility as professional men was to be the oral cavity. Nobody said that our duty was going to be that of making dentures, filling teeth, cleaning teeth, or treating diseases of the gums. They said our responsibility was going to be the oral cavity. We can't give that responsibility to anybody else—we don't want to. It is our duty and our responsibility.

We start with the teeth, we include gingiva; we include the oral mucosa; we include the tongue, the floor of the mouth, the palate, the cheeks, the whole oral cavity is our big field, and it is a big field to work in. We have a lot to do with it, and we have to remember that we have the whole thing, not just a little bit of it. We can't say that we are going to divide up with someone—let someone do third molars and somebody is going to take the second molars, and somebody is going to take cuspids. We take the whole mouth as our responsibility, no matter what we are.

One difficulty with diagnosis in the past has been a difficulty in terminology. We have gotten a lot of big words. I will use some of those words tonight—I have got to impress people. You see, if we go back to the history of dentistry, we arose from the common stem of medicine and medicine arose from an ancient ritual, it arose as part of the mysterious priesthood, and they had to think up terms. These terms were thought up originally to fool the yokels.

When a poor boy came in that had something wrong with him, the old doctor couldn't look at him and say you have got a red spot he says hyperemia. He went home happy with it. He wouldn't say you have an abscess, or you have a little boil—he would say, "You have a pustule." He wouldn't tell him that he had a blister, but he would say, "You have a vesicle."

This terminology has been passed on to dentistry, and we use it, but we confuse ourselves with it sometimes. We get so much in the habit of using another terminology that is all our own, talking about linguals, buccals, lingual distals, and Class 1, Class 2, and Angle's Class 1 and Angle's Class 2, and sub-Class 2, that we have a semantic problem, a problem in words.

If we will forget tonight the words and think of the things that we see, we will be far better off. We have to think on the basis of things we see. Diagnosis starts off with that. We look, we use our eyes.

You can take any kid off the streets and get him to look at something—he will tell you that it looks more or less red, that that looks as though it had white things in it. Actually, you are trained through dental school to recognize various things, and he learns to recognize changes of the mucosa. Finally he gets in the habit of just looking at it, and he gets so used to it, he forgets to look for details.

When we can determine these details with our fingers, we use our fingers and feel. If we can't feel anything, sometimes we use our sense of smell. We can get the odors of certain disease.

In a big clinic, they ask a patient, "What is your age, your sex? Are you married? Where do you live? How much do you weigh, and what is your occupation?" He is apt to say, "Hell, I came here with a bad tooth," and he will go some place else.

You do this as you go along—you get this history of the patient as you go along, get the pertinent points.

Then you take the X-ray machine. When we got that X-ray machine, we thought that we had something, because here we could X-ray and see it under our eyes. Sometimes we use a biopsy. We call our medical friends and get a chemical test. We don't have to be able to do microscopic work and tell whether a section of tissue is carcinoma or a fibroma. That is the job of the pathologist, or the oral pathologist in particular.

So, we have to use all those aids. But then, we have one, and the most important ingredient, that nobody else can give us, and that is plain, ordinary common sense. Tonight, let's think from the standpoint of common sense. Don't try to find out some fancy name for something.

A patient comes in and you tell him he has a disease which sounds very imposing. That is wonderful, but the thing you have to do is know what it is and what you are going to do about it, what it means to the patient.

Hyperplastic enamel—where did it come from. What does it mean. What can you do about it, You use your common sense and figure it out.

Don't look for the most unusual—look for the simplest things first. If a man has a dark area around the roots of a tooth, first think of a dental root abscess, then a dental root cyst. You don't start off thinking of carcinoma or myoblastoma or a breast tumor, or things of that sort.

I was out to a meeting in California about two months ago, and a man presented a case. He said this patient had soreness of her teeth, that her teeth were sore all over the gingiva. She had numbness of the lip. He asked her if she had a high carbohydrate diet, high protein diet—he went over all that.

Then he said, "What do you think she had?" He asked that of this group of experts. One of them said, "I think she had metastasis carcinoma of the breast." I didn't say anything. Maybe she did, but that was the most unlikely thing she had.

The most likely thing she had was gingivitis. She had inflammation around the gingiva and redness and soreness and pain. Why worry about a breast carcinoma until later? That was what his diagnosis was. The experts near me all sat there with their mouths open, "Gee, isn't he smart?"

I don't know why high protein or high carbohydrate diet had to do with it. That helped the diagnosis a lot. Just use your common sense—don't lose yourself in those things

I am going to take a few sample cases and diagnose them and I will show you the odd way my mind works. Maybe yours won't work this way. I have had a different background—I have had a background in histology and pathology and surgery. You have, most of you, practical clinical dentistry, and thank God for that because we need more of you. You are the ones that are going to see these things. Whether it is a tumor, simple gingivitis or a hole in the tooth, you are the one that has to see it and diagnose it.

(Slide No. 1.)

This little girl came into the office. She has been sent in by her physician because he said, "There is something funny about her teeth." He thinks it is due to tuberculosis. She hasn't any tuberculosis, but he thinks it is due to tuberculosis. He is a doctor, see—that is a layman's term for an M.D.

This guy looks at her and diagnoses it as T.B. because her face has a little, notice, senile appearance for a twelve year old.

(Slide No. 2.)

We asked her to open her mouth and took a look at her teeth. We notice that her teeth are worn down remarkably for a child who is only twelve years of age. We want to get some X-ray pictures, get some history for her. Our minds start thinking of various things.

She said, "My teeth have always been like this. My baby teeth looked like this too." She said, "My mother says she thinks it must be something I ate when I was little."

(Slide No. 3.)

This is hyperplastic enamel. Hyperplastic of the enamel is a disease which is produced from anything that interferes in the formation of enamel. It doesn't make any difference what happens—fever, smallpox, or any diseases of that type. We think of that possibility. Maybe she simply had a disease affecting the calcium, or something of that sort.

(Slide No. 4.)

Here is another one who also shows the same thing. You will notice the difference in the two with hyperplastic enamel. One has ridges across the teeth and the other has a different type of fever. Notice the first molar, the incomplete formation of the enamel.

You could also thing of the caries, but actually this is a defect that has been there all the life of this particular patient.

(Slide No. 5.)

Here is another case that is more severe. This fellow was in about six months. Here we see in this little fellow hyperplasia of the enamel. He has a ridge across the enamel. Also, in addition, if you look carefully you will note that he has discoloration of the gingiva, which is not limited to the Negro. He has hypo-fusion of the teeth.

(Slide No. 6.)

These are a few sections. I like to put a few sections on to give you an education—get you back into the laboratory and look at sections.

In this section, we see a hyperplastic enamel. We see where the enamel is worn. Of course, that is going to produce ridges.

(Slide No. 7.)

The next slide shows you another view. This is the same section, and was put under an X-ray machine, soft X-ray. We can see the natural enamel which is good, perfectly all right, but is not complete. There are certain cells in the enamel which are supposed to form. If anything interferes with that formation, it stops.

It is just like an assembly line. Suppose that a Ford were going through the assembly line and came to a man who was supposed to make the steering wheel. When it came to the place where he was supposed to put the steering wheel on, that guy dropped dead. The car kept right on going and never did get a steering wheel.

This is just like that steering wheel.

(Slide No. 8.)

Here we see the stages at which the individual has had the development of certain portions of the teeth. If you look at the left-hand side of the screen, that is your right-hand, you will notice the time in years. Get one of these charts and put it on your wall. You can tell where the area of the enamel should have been formed. Most of the defects occur at that line that runs between the first and second year. In other words, the critical period is between the first and second year of life. This is when we get defects in the enamel.

(Slide No. 9.)

We decided that this is a type of thing in which we get a very, very severe hyperplasia of the enamel. This is agenesis of enamel. That is easy—"genesis," the first book of the Bible; agenesis, no beginning. There was no beginning of the enamel. Actually, there was a little bit of beginning. In the lower jaw, you see an absolute lack of formation of enamel.

(Slide No. 10.)

Here is one single tooth affected. Occasionally we see this. The patient will ask how they can have one tooth affected by something which doesn't affect the whole group. Why didn't they grow like this all the way across?

When this girl was a little bit of a girl, she had an abscess form at the root of the deciduous upper right first molar. They thought they would save the tooth and just left it, and all the infection in there affected the enamel itself.

(Slide No. 11.)

Here we see another individual. This poor individual—he had nothing to do with this, but some place his mother got syphilis. As the result, the little spirochetes got into his enamel organ when he was a little bit of a fellow, that is, still in uterus, and affected the formation of enamel. This we call Hutchinson's teeth.

You can't look at a little kid and say, "You have syphilis," just because you have that condition of notches on the edge of the teeth. Maybe his mother did have syphilis. Maybe what happened was that she had some disease like a virus disease, such as German measles, that has produced this effect.

(Slide No. 12.)

This patient has notching, but it had nothing to do with syphilis. That notch in her tooth was produced by a traumatic effect. I don't believe that was due to dental care, but it is due to a traumatic effect, so, a notch in her tooth is not necessarily a sign of syphilis. We can't tell her that it is a result of precarious living. You can't say to an old maid, "Now, Miss Bessie, your mother must have been out some place and got syphilis," while all she has done is bite her thread and got a hole in her tooth.

(Slide No. 13.)

Here we see another type of hyperplastic enamel, one which affects the molar teeth. It is known as Phluger's molars. Phluger's molars are not mulberry molars. I think it would be mulberry. Why they couldn't name it for a man named Jones or Smith, I don't know.

We see here the picture of a Phluger molar—P-h-l-u-g-e-r—if you ever want to tell it again. This is often caused by congenital syphilis, but often caused by other defects of the teeth.

(Slide No 14.)

Little Eleanor doesn't have syphilis, and so we go on to the next type of defects we might have, and see here a defect which is characterized simply by little white spots in the enamel. Probably some of you, when you went to school, thought the enamel just formed and calcified all at once.

It is known, by the work of a lot of people, that we actually have hypocalcifications, areas of white spots, because the calcium was not completely formed.

(Slide No. 15.)

Here is another form of hypocalcification—mottled enamel. That is hypocalcification which is produced by fluorine. Your patients are not impressed when you tell them they have mottled enamel. You tell them they have chronic endemic fluorinosis, and they will think they have got something.

(Slide No. 16.)

What do you do with chronic endemic dental fluorinosis? This patient, on the upper left molar, still shows the defects in here. That remains.

I stated a number of years ago that you could use hydrogen peroxide or anything of that sort with no hurt and change it to a lighter color. That is simply taking the stain out of the tooth. You can't help the hypocalcification.

(Slide No. 17.)

Then we took this on one individual tooth. This patient was very much disturbed.

I will tell you what happened to this patient. She went to an over zealous dentist who, after he got out the decay, decided that he would sterilize the cavity with silver nitrate. He read in the book somewhere that ten minutes for silver nitrate really sterilizes the cavity. He left it in for ten minutes, but it discolored the tooth, and now we have a nice blue tooth for over-treatment with silver nitrate.

(Slide No. 18.)

Here is a little fellow who has a defect in which the teeth have been worn down. This looks more like the little girl we had at first.

This happened to be a little boy who was about six years old. He hadn't gotten his permanent teeth. Those are the deciduous teeth that have been worn down practically to the gum. This little boys' mother also had the same defect, and he had a neighbor who had a defect like this, an uncle.

(Slide No. 19.)

This is another one. This patient came up from Dayton, Ohio, to see us. I will never forget it—it was one summer afternoon. Dr. Armand and I were at the clinic and we were just about to go home, when somebody called up and said, "Can you see a patient? It is very important—these two little girls have something horrible wrong with their teeth."

We waited and waited for them to come up, as it takes a long time to come from Dayton.

We looked at the patients' mouths, and they had this peculiar color in their teeth. We took an X-ray picture, and it showed absence of all the chambers and root canals. The two sisters have it, and we found out that the mother has it. The fancy name for it is dentinogenesis imperfecta.

(Slide No. 20.)

Here is a section of one of the teeth. What happens in this is that there is a dominant hereditary characteristic of faulty formation of dentin. The dentin formed extremely rapidly, and formed imperfectly. There is a little rudimentary root canal left in it, because we know the last part can't close over on itself. It doesn't show up in the X-ray picture.

The enamel chips off very quickly. The dentin is not as hard as it should be, and so the enamel chips off. The defect is in the dentin, not in enamel

(Slide No. 21.)

Here is a little girl that had this defect. She didn't like to go to school. The boys didn't look at her. She was kind of shy and kept her lips over her teeth most of the time.

Dr. Hutchinson decided to do something with this girl. We have had several cases treated like this.

(Slide No. 22.)

These are the results she got. He took and prepared anterior and posterior crowns, either with acrylic crowns or gold crowns.

(Slide No. 23.)

This is the same case. Can anything be done for it? You can't do anything about defective genes. You can't hit the mother and take these defective genes away, because neither the mother nor the father has them. You can't do anything about them, except you can replace that defective dentin by taking and putting good solid enamel and cementing it to the anterior.

Let's take another look at that little girl.

(Slide No. 24.)

Here she is—see how happy that kid is. Her personality was entirely changed. Here is what dentistry can do. The important thing was to know what she had.

The interpulp chambers were filled in there. You don't have to wait until she is 20 years old until she has her pulp filled in by secondary calcification.

There is the type of thing you can have.

(Slide No. 25.)

Here is a little girl that came in to the clinic. She had a little thin enamel on here, so thin it chipped off very readily, as we see the upper incisor was chipped. We wondered whether it was hypoplastic enamel or what it was.

(Slide No. 26.)

The next slide shows her brother. He has the same defect. Her mother and father also have the same defect. In 50 per cent of the children who have this defect it is hereditary. This, however, is not hereditary. If you take an X-ray picture of those teeth, you will find the pulp chambers intact. That is amelogenesis imperfecta—imperfect formation of enamel.

(Slide No. 27.)

This shows the same type of disease in a different form.

This girl happened to work in the clinic at the Ohio State University, and had a practical absence of enamel. There had been some there, but it wore off rapidly—amelogenesis imperfecta.

Her mouth has been entirely restored, and she has a beautiful result.

She got married to one of the dental students. She said, "I am expecting a baby. What can I do so that it won't have teeth like mine?" I explained it was nothing she ate or nothing she was going to eat, or nothing the baby has or the mother, but that it was a defective gene in her germ cells that she acquired in her particular case from her father, and her father had acquired from his mother, and her grandmother had acquired it from away back, back through the family through 50 per cent of the children.

I said, "All you can do is remember that you have a 50-50 chance that the children will not get it, and a 50-50 chance that their teeth will be like yours."

(Slide No. 28.)

She brought her little nephew in. He has the same defect already. She said, "Isn't there something we can do for him?"

The only thing we can do for him—we have got to explain to the patients why this is, what the chances are, that they are 50-50 that your children will have the same defect of teeth.

(Slide No. 29.)

Here is another thing you might think of—why do teeth wear down? Here is a tooth worn very, very rapidly. We call it attrition. That name attrition means to wear down, and was given to the defect by G. V. Black, and is one of the best terms we have—attrition, the wearing down of the teeth from normal calcification.

They were wearing them down because of coarse food. This happens to be a fellow raised in China who ate very poor food. They are apt to wear down in people who are tobacco chewers, and people who have defective teeth to start with. This fellow had normal teeth, but they simply wore down.

I had a patient sent over to me who happened to be a farmer. He was out at a farmers' convention, and he said he was up in a room and somebody handed him a package of a certain kind of chewing tobacco. He grabbed a handful and bit down, and it tore his cheek and mouth all to pieces and broke a tooth off. He got a piece of glass out about the size of a half dollar.

Somebody told him that he should show it to the tobacco people. They looked at his teeth that were worn down, and said, "Since your teeth are worn down like that already, we think you ought to go to the dentist and see what he would say."

The dentist said that since the teeth were worn down, that tooth should have been extracted, anyway. Teeth like that might have actually taken 40 years to go. They don't have to be extracted.

Here is one that is worn down through hereditary loss of dentin.

(Slide No. 30.)

There is simply that added defect to the teeth. This fellow worked as a sand blaster.

I had heard for years of teeth being worn down by people who worked with sand blasting, and I finally got an example in. Here is what it looks like when the teeth are worn down.

(Slide No. 31.)

Here is a fellow who had been using a dentifrice. Instead of attrition, he has abrasion. The abrasion was from the dentifrice.

No dentifrice we have at the present time will wear down enamel, but when the dentin is exposed, it can wear it down very rapidly.

He was "doing as his dentist does," he was using this dentifrice that actually wore those grooves in his teeth. That is a pretty severe form of abrasion. He was doing as his dentist does, but he didn't save his teeth by brushing them with this dentifrice.

(Slide No. 32.)

We said, "Listen, fellow, we will give you \$100 just to brush your teeth for a month."

We hired this fellow and told him that all he had to do was come and brush his teeth every day and let an intern supervise the number of times he brushed his teeth. For \$100, he said he sure would.

He brushed them a thousand strokes here, a thousand here, a thousand over there, and four thousand strokes a day with this dentifrice, for \$100.

At the end of 30 days, we took this picture. You will notice down here that he has grooves cut. Perhaps you can't see them. We paid \$100 for it.

(Slide No. 33.)

Here we see the grooves he got in his teeth with 3,000 strokes.

This was an ordinary commercial dentifrice. In fact, if anybody wants to know which dentifrice he used, just listen to Bob Hope, and you will know what dentifrice this character used.

(Slide No. 34.)

In order to find out what different dentifrices would do, we made this chart, but we have hidden the names so you can't see them.

We took a toothbrush and tried to cut the dentin with the toothbrush but you can't cut at all. It is the dentifrice.

With 100,000 strokes, only on the enamel, doing as your dentist does, it will take eight years and cut half way through the upper canines. We know how many strokes, we knew how thick the canine is, and just figured from that. On that first bracket up there, it will take 11 years; if you do as Howdy Doody does, it will take 17 years; you can take the candy striped dentifrice and take 28 years; or, you can clean up your breath and get rid of halitosis and take 36 years; you can use that salt and soda powder for 50 years; you can use Bob Hope's for 62 years. the salt and soda for 117, or Howdy Doody paste for 117.

These are the actual figures of how rapidly these things got through.

If you have a patient who has exposed enamel, dentin, I think you should make a dentifrice for that patient. Take plain water, or a liquid dentifrice, and I wasn't selling Teel. Take plain water or a liquid dentifrice, and have them brush with that.

Clean off your teeth and then move off to something like Colgates'. If that won't work, either salt and soda, or Colgate's, and so forth, but any more abrasive—in other words, any of the powders, and this paste, are too abrasive for the use of an individual who has exposed dentin.

You won't get any more of this dentin off by using this particular stuff. The stuff isn't formed by the toothpaste—it is by abasives.

(Slide No. 35.)

Here we see what will accumulate on the teeth on a percentage of the population if they do use an abrasive containing good dentifrice. We can use a non-abrasive dentifrice. None of them will cut the enamel—it is only the exposed dentin it will cut.

(Slide No. 36.)

Here is another one in which we see the abrasion. Look how sharp it is.

(Slide No. 37.)

This erosion looks like somebody cut it with a small spoon. It is of unknown etiology. There are some 20-odd theories of what causes this. The more theories we have means the less we know. We don't know how erosion forms. A few years ago, I thought it was citric gas, and found it wasn't.

(Slide No. 38.)

Here is a patient who has got the erosion but has it from a natural acid. This patient regurgitated her stomach contents and the acid in her mouth removed this enamel. That is a different thing than ordinary erosion.

(Slide No. 39.)

Here is a beautiful example of erosion. You will notice it is in the enamel and not the dentin. You notice that little margin of enamel that is left there. I don't know how it can be stopped. You put in fillings, and it goes around the filling. We have tried lots of different things, and none of them seem to stop the erosion.

(Slide No. 40.)

Here is another patient with erosion.

It was pointed out by Samuel Charles Miller that possibly occlusal trauma was a factor. This patient had occlusal trauma. We relieved that, and she still had erosion. The erosion is still of unknown etiology.

We differentiate between abrasion, because abrasion is cut into the root surface, and erosion is cut in the enamel surface.

(Slide No. 41.)

This I put in just to remind you that we can't overlook dental care itself. This patient has had good care in the upper jaw.

(Slide No. 42.)

Here we go back to Eleanor. What does Eleanor have? Now, we know what Eleanor has.

We asked Eleanor if she had any brothers. She said she had two brothers and a sister. We asked her to bring them in. So, she brought them in.

(Slide No. 43.)

Before that, we took our X-ray picture, and it was developed by this time. You notice that she has no root canals, no pulp chambers.

We are pretty sure of what she had, but we still want to check the family.

(Slide No. 44.)

Here is her little brother, 5½ years old. His permanent teeth are just peeping through. Look at the peculiar shape. The deciduous teeth also show the same defect of being markedly worn down.

Her little brother has the same disease. We checked and found her mother had the same disease. Her mother and her mother's grandmother lost their teeth so early, we don't know which might have had the disease. There was an aunt with the disease.

So, we make a diagnosis of hereditary opalescent dentin on this particular girl.

You see how simple it is to diagnose that. There wasn't anything elaborate. All you had to know was that such-and-such a disease was characterized such symptoms as absence of pulp chambers and root canals in the teeth, and other members of the family had it—the mother and father might have had it. Fifty per cent of the sister had it, and the other brother and other sister were normal. It is an easy thing to diagnose—simply by using common sense.

(Slide No. 45.)

Let's take a case of the gingiva.

This particular case is of a man who was a little bit of a guy. He had a great big wife.

He sat in the chair and said, "I have sore gums, and they are all red, and it happened in the last month." I said, "What started it off, John?"

His wife said, "Why John got it when he was working in a rubber factory."

I said, "Does it hurt much, John?" His wife said, "It doesn't bother him too much."

I said, "Well, now, have you any lesions on your body?"

His wife said, "John has some patches on his shoulder."

I took up the conversation with Mrs. John.

Here is John. You see he has red gums, very red, very red gingiva, and some of the surfaces seem to rub off.

The next slides will show what we start thinking of.

(Slide No. 46.)

Here we see a picture of a girl who has ordinary gingivitis, ordinary marginal gingivitis, which is due to dental neglect

Notice the soreness in the gingiva—the fancy name for the gum. There is calculus accumulated in the teeth—calculus is the fancy name for tartar.

If you want to have the real fancy name, just call it by the German name, Schmutz pyorrhea. That means filth—gingivitis.

The first thing we have to do is to give her a good prophylaxis. Prophylaxis takes away most of this.

This is about the third day after she had prophylaxis and a couple of days of home care. She has traumatic factors, but all the redness and swelling is gone.

(Slide No. 47.)

Here is a patient who has a different type of gingivitis. The tissues are swollen up. The thing that came out most was the fluid from the vessels that filled up. We thought about necrosis and all of this edema. We sent the patient to a hospital for a check-up and gave her prophylaxis.

What we needed to do was get the calculus off—she had no necrosis.

(Slide No. 48.)

The nurse was giving this patient a prophylaxis and she scraped a little bit deep, and the patient had a hemorrhage. That is simply a hemorrhagic pack of gingivitis. Hereditary hemorrhagic gingivitis being a sign of leukemia, she was scared to death the patient had leukemia. We took some cotton and wiped off the blood after blood clotted. She didn't have any leukemia.

(Slide No. 49.)

This guy came in here with a black spot on the side, on the upper mucosa. Whenever you see a black spot on the mucosa, that is a sign that a patient has a melanoma. You might be afraid that it is a malignancy, that they are going to die from it.

We didn't think the guy was going to die. We simply took this thing and took a little piece out. In fact, we took the whole thing out and discovered that it was an hemangioma, just a blood vessel. He is not going to die—he is going to be perfectly happy.

But we do have to take a biopsy to be sure. That is highly important.

(Slide No. 50.)

Here is one in which we have with teeth out, but he actually had an abscess in it.

(Slide No. 51.)

This next shows this pebble-grained appearance like a pigskin. This often occurs with a virus inflammation. In the mouth, you could call it just papillomatosis of the gingiva, if you want to.

What you have to do when you see something like this, is think of the possibility of virus. What do you do for it? You cut it off. What do you do if it comes back? You cut it off again and again and again. Sometimes they grow out.

This guy is going to have it cut out, so he won't have it any more.

(Slide No. 52.)

Here is a woman with diabetes, and I don't know how diabetes brings this about.

I said to a guy, "Let's call it kallikrein." He said, "I never heard of it—it must be something you buy in a drug store." He looked it over, and said he had never heard of it.

A guy up at the physiology lab said he looked it up in his physiology book and found three pages on it.

I said to the students, "I thought you knew every word in those textbooks. You better learn those three pages on kallikrien. It is an enzyme put out by the pancreas."

In people who have diabetes, they claim that is the reason they get gingivitis, if they are not controlled. If they are under control, they are just like other people.

Diabetes is one thing you have to consider. With a lip like his, he might have diabetes.

(Slide No. 53.)

Here is another diabetic. This is an interesting little kid, 17 years old, who worked on a delivery truck. He lived on hamburgers and Coca-Cola. His mother and father were members of "Alcoholics Anonymous," and never had time to be home and give him any care. He never had any controlled diet. He didn't have any way to get insulin.

His teeth were waving around in his mouth. One nurse held his teeth and the other gave him prophylaxis.

We sent him to the hospital for metabolism tests, and so forth.

When he came back from the hospital, they told us that his blood sugar was then normal and that he was all right. I said, "What do you mean?" They said, "He is controlled just like a normal person."

We had the teeth taken out and dentures put in. We gave him complete care for gingivitis. Although no gingivitis was present, we felt that it might be incipient.

(Slide No. 54.)

Here is an individual who went to an orthodontist. I don't want to tread on your toes, if you are orthodontists, but the bands were scraping the teeth, so he got gingivitis from the treatment.

How many can recollect what he has in the upper teeth? Fine! We just talked about it—mottled enamel, hypocalcification of the enamel.

(Slide No. 55.)

This patient was a dilly. She came in and said she had something on her gums.

I looked at her, and asked her to show me how she brushed her teeth. She showed me. "How long have you had this?" She said, "Six months." I said, "What are you worried about?" She said, "My dentist worries about it."

I sent her to the physician. The physician sent her to a hematologist. An intern looked at her mouth and took a Vincent's smear from her mouth. He took the fusiform spirochetes and said, "You got Vincent's infection. You got your own—don't look for them in anybody else."

That had nothing to do with what was wrong with her mouth. I explained to her what she had. I looked at this very closely. These are little tiny blood vessels. I said, "Your blood vessels are distended every time you irritate them."

She said, "That is all there is to it?" I said, "Yes." She said, "I paid the other man \$20, and you tell me it is something else."

I said, "I think he is a hell of a good hematologist, but a lousy diagnostician. You ought to be glad he did find out you didn't have leukemia. That is worth twenty bucks."

She said, "What am I going to tell my husband I have?" I said, "What do you mean?" "I can't tell him I just got distended blood vessels." I said, "All right, you tell him you have telangiectasis. See how you spell it—" I wrote it down.

She was perfectly happy with her telangiectasis.

(Slide No. 56.)

Her mother brought this girl in. She said, "This is a 20-year old girl and this is the story. Bessie has been going to the dentist for years. She had her teeth straightened by a very fine orthodontist. She went to a very good dentist, and brushes her teeth all the time, and has this trouble. The dentist told her she had pyorrhea and is going to lose her teeth within a year."

I had a little device to find out how people brush their teeth. I do it by means of a trick mirror. We can stand in front of them and watch them, but they cannot see us.

We put her in a little room and told her to go ahead and brush her teeth. She went ahead and brushed her teeth and almost bent the toothbrush in half. If she had brushed just a little bit harder, she would have broken it.

I said, "You know, you brush your teeth too hard." I took a brush and started to show her how she did it, and she said, "How do you know that? Can you tell just by looking at my mouth?" I said, "Yah, that is how we know it."

She had pushed her gingiva with that toothbrush just the same as you push back the cuticle with a cuticle pusher-backer. She was ruining the enamel and dentin. A guy had put the silicates here. He did a beautiful job on her, and she was still brushing her teeth.

She thought the harder she brushed, the better it was. It took me a half hour to convince her not to try and rub the enamel off. It is a good thing to do—I am all for it, but not overdoing it.

(Slide No. 57.)

We had a little experiment. We took a group of students and we had them brush their teeth. This boy had never brushed the gingiva. (This is the cultural side you are going to get here.)

Looking at a microscopic section. We paid them ten bucks for three sections. This was the gum, and you notice that the color of the epithelium is the same right through and that there are nuclei left on the outer surface.

We told them to sit down and brush their gingiva 19 strokes in the morning, 19 strokes at night for 30 days.

(Slide No. 58.)

In the next slide, we took another piece out of the gingiva, for the same ten bucks. Here is the result. This is what you call keratonization of the gingiva. Notice the change in color and loss in nuclei. It has horned protuberances, and it is desirable. This is what keratonization looks like under a microscope. That is what you try to effect, but you can go beyond it.

(Slide No. 59.)

This isn't the same individual, but this is somebody else that was just going to brush and brush the gingiva so hard that they started to turn white. To see it, we took a section of it and we had hyperkeratonization. There is limit to it. You can overdo anything good. A toothbrush is good, but you can overdo it.

(Slide No. 60.)

Here is a patient that you all know right away. In the back of the room I can hear somebody already sniffing and smelling that fetid odor.

This is Vincent's infections. We don't call it Vincent's infection any more—it is necrotizing ulcerated gingivitis. Don't ever diagnose it as Vincent's disease—it is necrotizing ulcerated gingivitis.

The way we diagnose that—the loss of interdental papillae is the most important sign, and also a peculiar type of inflammation here. It has a fetid odor and is painful.

But the most important single thing is that loss of interdental papillae in Vincent's infection—always think of that when a patient complains of the gingiva.

(Slide No. 61.)

Here is one that isn't as easy. We see the first sign of Vincent's infection. If you blow back in there and get a little whiff of it, it smells like a dead horse. If you take a look at it very closely, you see there is some ulceration of that surface. If you touch it, it will bleed readily, and it is very painful. That is the earliest infection. That is the time you like to get that, and not wait until it looks like a mouse chewed on it. Get it at that stage and treat it.

(Slide No. 62.)

Here is a typical case. There are 25,000 students on one campus, and we get a lot of this, especially on Tuesdays.

She comes and says, "I have a little sore spot on my gum." You take a good look at it. She says, "Is it trench mouth?" You say, "Yes, it is trench mouth." She says, "Oh, my, I must have gotten it over at Beta House. There are a whole bunch of girls in a sorority were there. I must have gotten it from that Johnny over there."

They all blame it on Johnny. Actually, there may be three or four girls that have it.

What happens on these week ends when they get Vincent's infection is this. The kids get started on Friday night, have a big dance, and a big whiffsnorter of a time. Then, on Saturday morning, they are too tired to go to class, so they get up and have a few more drinks, and the boys shoot a little craps—I don't know what the girls do, because I never spent Saturday morning in a sorority house. The boys play poker and then go to the ball game and have a little firewater to warm up the game. They don't have time to eat, and rush back and have another big dance that night over in the sorority house until about 3 a.m. They go to "Ptomaine Corner" down away from the corner, get a hamburger, and that is their dinner.

They get back in the house at 5 in the morning, too late to go to bed, so they sit up for a little while and then wonder why about Tuesday, their mouth starts getting sore.

They have a low vitamin diet, low caloric diet, irritated with alcohol, which is a dehydrating agent, tobacco, which has 21 injurious products, and irritate their mouths in every way. Then they blame Johnny over at Beta or Claude over at Pheta House.

Here we see the first signs. The first thing we notice is the ulcerated interdental papillae. We have over here a swelling and redness. That is what the redness is—simply a sign of gingivitis. You can't make a diagnosis of Vincent's until we see this. It is a clinical diagnosis. We find spirochetes, fusiform spirochetes, but that is only confirmatory. The idea is finding ulceration of the interdental papillae, here around the third molar, and the pain.

(Slide No. 63.)

Here are some organisms. They are simply secondary invaders. These don't get in there until something is broken down. All I can think of is Mussolini's armies.

You know, during World War II, there was a soft underbelly in France, and here was Mussolini's troops, just like these spirochetes, the streptococcus, and so forth—they were an invasive force, but they didn't invade.

One day, the blitzkrieg came down from the north and knocked out France, and in walked Mussolini.

These organisms are living in the mouth. They are not mad at anybody, just living there. They just like the gingiva, which is rather soft, a warm, moist place to live, everything suits them, so they just sit around

there. One day, something injures that mouth. Maybe it is a lowering of the resistance of the patient from illness. Maybe it is a low vitamin intake, the irritation of tobacco and alcohol. Maybe it is from calculus. When that happens, Johnny Spirochete says to Sussie Fusiform, "Let's go," and in they go and invade the tissue and all the other organisms go along with them. They wait until somebody else breaks it down.

(Slide No. 64.)

Here we see a patient with one of the causes of Vincent's infection—sub-gingival calculus. I don't worry so much about this calculus—that in the gingival crevices is worse, but this is easier to take a picture of.

(Slide No. 65.)

Here is some more of the sub-gingival calculus. You notice the irritation that resulted around here, the loss of tissue and the gingivitis. Often Vincent's infection will follow the irritation and it felt like sandpaper.

(Slide No. 66.)

Here is a patient who had beautiful dental work, beautiful. This fellow was very proud of those open windows, open faced, closed door crowns. He had no Vincent's infection in his mouth but got marked gingivitis around that beautiful dental work.

Of course, we might think, who would put a thing like that in—not a fellow that graduated from our University. However, somebody did it—there it is.

He has a lot in the back just like that. You can't see them, they are hidden.

You never think any of these fillings are bad until you get the X-ray machine. I think it would be a good idea to take a picture of every tenth filling you put in to see how much you have an overhang on.

That irritation can cause Vincent's infection, and eventually periodontitis.

(Slide No. 67.)

This is fatigue gingivitis. This is what I call my war worker gingivitis.

This guy worked all day long. He had a ten-hour shift, a lot of money in his pocket, and he believed that stuff they told him in the New Deal. They said, "Take your money out and spend it. That is the only thing to do."

These people didn't know how to enjoy, how to read, or a good opera, and they didn't want to buy a book. What would he do? He would drop in there at the local bistro, have a few beers, a good time with the girls, and he left when it was time to go to work.

He got this Vincent's infection. We did everything for him—cleaned up his mouth, but we couldn't take him out of that little joint. He was keeping that Vincent's infection from the tiredness he had. He didn't have to shave or clean his mouth, so how could he have time to brush his teeth?

(Slide No. 68.)

Here is a Vincent's infection from a nutritional basis, one of the few I have ever seen which was caused by nutrition.

This was during the depression. This woman was living on brown-bread, baked beans, and milk. That is a pretty good diet for herself and kids, but there is no ascorbic acid or Vitamin C.

Incidentally, there was no necrosis of the interdental papillae, but if you take an air blast, pull back the tissues, you will smell the odor of necrosis down in that area.

We put that woman on tomato juice as the cheapest form of ascorbic acid you could get then, and had her mouth cleaned out with the usual routine.

You must clean their mouths. Don't try to treat it without cleaning it out.

(Slide No. 69.)

There she is after treatment. I want to show you the end results once in a while. The patient was all better in about two weeks. She had her mouth cleaned and also, in this particular case, had a supplementary diet of ascorbic acid. Very few of the patients will need that particular thing, but when they do they really need it.

(Slide No. 70.)

I just want to show you another Vincent's infection case. Here is the necrotic area, and there she is after the complete cure.

(Slide No. 71.)

Here is a type we saw right after the end of the war. A young fellow is at a separation center, and his mouth gets sore. The boy is pretty smart—he figures, "I must have trench mouth. If I report to Headquarters with this. I will never get out of this Army."

He knows a good Joe who is in the physician's department, so he goes to him and says, "I got trench mouth. What can you do for it?" He will give him a bucket of penicillin and tell him to take it home and wash out his mouth.

He washes out his mouth about fifteen times, and the acute signs go away. He feels good. Then, a month or six weeks later, he comes back here and now his mouth is really sore. Deep down behind this pseudo-papilla granulation tissue, down in between the teeth, we can look right down on the necrotic alveolar bone, right down in the area of necrosis. On this particular case we have recurring primary Vincent's infection, which is due to improper treatment.

Don't ever let them treat with antibiotics alone. They always recur.

(Slide No. 72.)

This is to show the Vincent's infection, between the pseudo-papilla, the pseudo-membrane, the odor, the pain and the hemorrhage.

(Slide No. 73.)

This patient didn't have that. There is another type of thing that is sometimes mistaken for Vincent's in children, especially. Today we sometimes get a condition of the gingiva in which there is marked bleeding readily, very sore, but without ulceration.

(Slide No. 74.)

This next slide will show a better picture of that same type. That is known as an herpetic gingival lesion, a cankerous sore.

The Herpes virus is present in the tissue, and when resistance goes down, it may be emotional, may be the menstrual period, may be an allergy of food, it may be dust, it may be trauma, that sets one of these things up. In this particular case, it got better in 14 days.

When people have this, occasionally we put them on a vitamin B complex diet.

(Slide No. 75.)

This is really the same as a coldsore. It is an eruption, a blister—the same thing on the lip or inside the lip, either in the mouth or outside the mouth, due to the Herpes virus, herpetic lesions.

(Slide No. 76.)

Those on the outside soon break down and become secondary infections, like you see here. They run for a short time because they are not usually badly infected.

(Slide No. 77.)

This is vesicular eruption. That is rather unusual to see a blister of the vesicle in the mouth, but there it is in that particular case.

(Slide No. 78.)

Here is one of the gingival infections you see that could be mistaken for Vincent's infection. Instead of the pseudo-membrane, it has a red border like it. This is an herpetic lesion on the gingiva.

(Slide No. 79.)

Here is one youngster that was rather interesting. A pediatrician saw him, looked in his mouth and said, "You have trench mouth." We examined him, and all he had was one single herpetic lesion. It disappeared within about ten days after we saw it. It had been there four days before we saw him.

(Slide No. 80.)

Here is another one—she had herpetic lesions on both of these gingiva, and lesions on the labial mucosa. That thing is one of the most important children's diseases of the mouth we have to consider because, for years, it has been called Vincent's infection. It is red, hot, and sore, with no ulceration. Instead of the fetid odor, there was sort of a sickroom odor to the breath of this child.

It will be extremely sore. If you let it run its course, it will take about 14 days. If you treat it, it gets better in about two weeks.

What happens with this particular disease is that the individual who has it usually develops a very sore mouth, and we can put them on aureomycin, given by mouth. It is not injected—we give it by mouth. We used 250 milligrams every three hours for 24 hours. That is eight doses of 250 milligrams each. The disease cures almost as though it were a miracle over night with this particular type of treatment. It is almost an over night cure with this particular type of treatment, which is known as aureomycin. We do not know how well it works on the solitary lesions, and so we don't ordinarily try it on the solitary lesions.

In the child who has this, you will find that you are dealing with a very infectious type of disease. The disease will rapidly pass from one child to another. For that reason, since we often have this type of thing, this lesion was ordinarily treated, and ordinarily considered, as Vincent's infection, and it passed from one child to another. So, we said that we were dealing with epidemics of Vincent's infection.

We are not dealing with that—this thing in children is simply due to virus. The diagnosis is thus differentiated from Vincent's infection. There is no necrosis—it is Herpes of the papillae. There is no fetid odor, but instead a sickroom odor. It is red and swollen and very hot, and it is a very acute thing. It will run its course of 14 days just like a course of chickenpox or any other of the virus diseases of the area.

(Slide No. 81.)

Here we have a patient who thought he had Vincent's infection. He came in and said, "I have trench mouth. It isn't getting better at all." "How long have you had it?" "Three weeks. I am rubbing sodium perborate into my gums."

All he had is sodium perborate burns which he produced by use of that particular thing.

(Slide No. 82.)

This girl has a discrete burn. I don't like to use any of these caustic drugs in the mouth.

This girl didn't use it on the recommendation of the dentist. She had a sore tooth and went to the drug store to get some toothache drops. The druggist said, "Don't use those drops, just use some Sloane's Liniment. It works just as well, and what is left over, you can use for rubbing your aching back."

She got it and rubbed it on. Here is a beautiful burn produced by the use of this liniment.

Actually, what had happened was there was an attachment here and the ball dropped out of the socket. Of course, all the toothache drops in the world wouldn't stop it. But it did stop her from worrying about this. This burn bothered her so that she didn't pay any attention to the other.

(Slide No. 83.)

This girl was in the hospital. The pediatrician said to me, "I have a girl with Vincent's infection. I don't think she should be treated with any strong drugs."

I took a look, and she has got redness on one side of the mouth and not the other. Now we can recognize this as hemorrhages in the gingiva—little spotted hemorrhages, and this is what you call ecchymosis.

After much consultation with the physician, we tried treating her with citrus, the vitamins in the citrus fruits, and for some reason she got better. I honestly don't know why. She has a high gluten intake, and we are keeping her mouth clean, and it all disappeared.

You see, treatment of Vincent's infection would have just made it worse. We wouldn't have found it until it was too late. She might in the meantime have died from this disease, so you have to keep your eyes open and use common sense.

It isn't any great thing to diagnose these things. These are easy to diagnose. The hardest thing I know is to find a tooth that is aching when they come in and say, "It aches all over this side of my face. I don't know which one it is."

(Slide No. 84.)

Here we have an enlargement of the gingiva. We might think right off of all the things it might be due to. We look at the rest of the mouth.

(Slide No. 85.)

Here we see he has a big area of necrosis. Right away, we say we must get this guy to a hematologist and find out what his blood picture is. The hematologist says he has monocytic leukemia.

There are a lot of books that tell you that leukemia looks like this or that or the other thing. I don't think it looks like any single thing. In any large area of necrosis you may suspect leukemia.

(Slide No. 86.)

This looks entirely different. It is still leukemia, but is characterized by hemorrhage. The reason for this is this patient also has thrombocytis hemerphoin, which is the basis of leukemia.

(Slide No. 87.)

Here is another patient with leukemia that looks different again. The reason I knew he had leukemia—it wasn't hard to diagnose because a physician called me up and said, "I have a patient with leukemia. Take a look at his mouth right away."

His mouth was so horrible, he had great big areas of necrosis and ulcers, I wouldn't take a picture of it. I said, "He will die before I get the picture taken." The next day we started in the room and worked on him with this therapy. All we did was have his mouth washed out with hydrogen peroxide. From then we went to gentle scaling and used a little penicillin, after we scaled, to cut down infection. After about six weeks of treatment,

(Slide No. 88.)

—his blood looked like this. He still had leukemia.

(Slide No. 89.)

Here is his mouth. You see, the gingiva is in almost perfect condition, in spite of the leukemia.

A few months later he was dead with leukemia. But we got his mouth cleaned by removing all the local irritants in his mouth and allowing normal healing to take place in his mouth. It is important to clean up people because they don't have long to live, and they should not have to suffer with a sore mouth in their dying days.

As a matter of fact, a Dean of a medical school made a statement, and I heard him, "If we could make the patient as comfortable as our dentists can make their mouths comfortable, we would be doing a great deal for those suffering with leukemia."

We can do a wonderful job on these leukemias.

(Slide No. 90.)

Here is another thing. This is non-infectious nucleosis. It is very commonly characterized by a sore throat, general malaise, high fever, high white blood count and you will get a gingivitis, which is simply a reddening of the gingiva without much soreness. When that type of thing doesn't heal up when you take away the calculus and the patient says, "I feel lousy, I get hot, and have a sore throat," you send him to an intern.

(Slide No. 91.)

This was a dandy, this guy. He had a red gingiva like this every 21 days. His gingiva got red, and in a couple of days it would clear up entirely.

(Slide No. 92.)

Here we see him two days later. Now, you notice most of the redness is gone out in just two days. What he had is a granular cytopenia. I never heard of it before.

What happened was that this would form every 21 days. He would get so tired, he couldn't even milk the cow, he couldn't climb up on the tractor, couldn't yell at the hired man. Then, a couple of days later he would be better again. Then he would go down and his physician would check him and say that there was nothing wrong with him.

They kept his blood count for a month, and found his blood count was normal, then in 21 days it dropped down, and then built up again. This went on every 21 days. When his blood count went down, then his mouth got bad.

(Slide No. 93.)

Here is a patient who was in the Army, and got his teeth knocked out. His dentist told him that he was a veteran and entitled to a new denture. He made him a denture which was an acrylic horseshoe, and every place where the denture touched, he had this redness, but only where the acrylic touched.

We figured that he might have an allergy, so

(Slide No. 94.)

we strapped them on his arm. Every place the denture touched his arm, he was allergic to acrylic. The dental supply people say, "Please tell everybody that that is an improperly cured acrylic." They said that you wouldn't get it from properly cured acrylic.

Some people are sensitive to these things, and you have to test it with the dentures that produce the trouble because there is great variation.

(Slide No. 95.)

Here you see a fellow who had a metal denture, and every place in his mouth where that denture touched, he had a red spot.

(Slide No. 96.)

Here is the beautiful metal denture.

(Slide No. 97.)

We took and strapped it on his arm. That is not due to the pressure of the denture, because we waited until the pressure went away. He was allergic to that denture material. I don't know what is in it. You don't know what is in any of them because they won't tell you.

(Slide No. 98.)

Look how much better his mouth is just 24 hours after he had them taken out. He was getting rid of the redness.

(Slide No. 99.)

Here is a patient who came in with an enlarged gingiva. We thought maybe he had leukemia, but no, that wasn't it. Then we asked him a few questions and found out he was an epileptic. This was the beginning of dilantin hyperblastosis.

(Slide No. 100.)

This shows how severe it can get. Within 12 months it had covered that much with enlargement of the gingiva.

We don't know, but the next—

(Slide No. 101.)

shows what takes place. There is an increase in fibrous tissue there. That stuff will stay there, and if you cut it off, it will come back.

The best thing is to keep conservative therapy to keep this down.

(Slide No. 102.)

This poor little boy's mother and father were brother and sister, and he had a sister who was just like this. She had this enlarged fibromatosis of the gingiva. Because he had it and his sister had it, we figured it was hereditary. It is sometimes a fibrous condition, called fibromatosis.

What can we do for it Nothing.

(Slide No. 103.)

This is a girl who is in her sixth month of pregnancy. This particular case is due to increased growth of the tissue. This is not due to fibrous tissue. This is due to the enlargement of the many blood vessels in the area. It will disappear when she gets over her pregnancy.

(Slide No. 104.)

Here are some enlarged blood vessels. They do not increase, but that is where it is red. This disappears by simply waiting until the influence of the estrogen hormones is removed. You sometimes get it at puberty, with boys and girls at puberty.

We realize that this thing looks like tumors during pregnancy. All pregnancy tumors are simply due to enlargement of the tissue by the same type of thing you saw in the localized gingiva before.

(Slide No. 105.)

They are generalized like this, and this is still a tumor associated with pregnancy. The best thing is wait until they get over their pregnancy. Keep it clean, and you usually do not have to do a gingivectomy. It usually goes away itself.

(Slide No. 106.)

This is a tumor that we cut off. This girl wasn't pregnant, so we couldn't attribute it to that. She was past puberty, so we couldn't call it one associated with puberty. The section showed it was a fibroma.

(Slide No. 107.)

Here is another one. This one was a hemangiofibroma. We didn't know that by looking at it or smelling it or asking her name. We thought it was benign and cut off the whole thing. We just cut around it and cut off the whole thing. We sent it out for a section, and the report came back that it was this hemangiofibroma.

(Slide No. 108.)

This one was so deep we couldn't find out what that one was. We cut it off. It was a salivary gland there. It doesn't belong there, but it was there.

We took that section and gave it to the oral histology students and asked them to identify where it came from.

It is the only one we ever saw that came from up there.

(Slide No. 109.)

Here we see one of the so-called benign tumors. You simply take and cut the whole thing off.

(Slide No. 110.)

We just dropped into a solution and sent it to a pathologist. Don't try to squeeze it, because it will break. Don't try to make a job for the pathologist.

(Slide No. 111.)

Here we see a section which is a fibroma.

(Slide No. 112.)

Sometimes it is in this region. Sometimes we get tumors like this.

This patient came in and said, "I started a little growth on my gums." You know, she has a beautiful dental work. We said, "You better have that taken off." She said, "Why?" I said, "Look, if you don't get that off, you might die." She said, "Last night I went to see my doctor, and he said if I had it off I would die." She said, "If I am going to die if it comes off, I will leave it on."

So, we never got a biopsy, so we don't know what it was.

(Slide No. 113.)

This guy sees his dentist twice a year and Bob Hope twice a night. Here we see we have this area.

He said, "I have a little sore in my mouth."

We took a knife and cut a piece of it out like this.

(Slide No. 114.)

We cut this piece of tissue out and found this particular thing was a carcinoma. It was a squamous caricinoma of the mouth. It is a wonder that fellow didn't die, but we got it in time.

(Slide No. 115.)

Here is a little kid who came in with an upper jaw like this. What is it? Is it going to kill him? We don't know. We cut it off and sectioned it.

(Slide No. 116.)

We saw that we were dealing with giant cell tumors, so we know the little kid is going to be perfectly all right.

(Slide No. 117.)

Here we find a little boy who came in.

I would like to tell you a story about this. This little boy was named David.

One day, a young man came into my office wheeling a 12-year-old boy in a chair. This young man was about 22 or 23. He said, "I just came back from the Navy and found my brother like this. I want you to look at his mouth."

I looked at it and here was this large tumor. I said, "What is the history?"

He gave me this history. It was in about March that I saw him. In May he had been playing Follow the Leader, and he jumped off a little garage roof and turned his ankle. When he turned his ankle, he was taken to the local M.D. He told him to soak his ankle in hot Epsom Salts and it was all right.

About in June his leg started to hurt, so he took him back to the same physician and the guy said, "Soak it in Epsom Salts and it will be all right." So he soaked it in Epsom Salts and it was all right.

Then, in August, he went to him because he couldn't walk. He took an X-ray picture, and here there were all these areas of erosion of the bone.

David turned his ankle and he got an infection from it. He got osteomyelitis. They gave him shots of penicillin, and put a splint on his leg. At Christmas they took the splint off, took off the cast. The infection was so bad the Doctor had to amputate. A beautiful Christmas present for a 12-year-old boy. New Year's, they took off his leg and for the first time found carcinoma.

(Slide No. 118.)

This shows the X-ray picture. This is a great prognosis. We see in and around this entire area a condition that would make us suspect a malignant tumor.

(Slide No. 119.)

We took a section, and here it is under the microscope. Look at those twin cells. This is a carcinoma lesion in the jaw of a 12-year-old because somebody didn't make a diagnosis. Somebody had a one-track mind.

(Slide No. 120.)

The next slide shows David when he came in six weeks later with the tumor back in again.

(Slide No. 121.)

The next slide will show us David where he has a severe condition in his shoulder. What did his physician say about that? He said that his bone had broken.

This one-track mind guy made him think that it was only a break in the bone.

We knew this kid was going to die. We operated twice more.

(Slide No. 122.)

The next slide shows the root—replacement of the tissues which caused the tumors.

(Slide No. 123.)

This shows the section right in the pulp of the tooth, and here is the tumor going right in the pulp of the tooth.

The kid died sometime that August, only 12 years old, husky and sassy and smart. He just died on our hands because somebody missed a diagnosis in May or June or August.

You see him die in August, and you realize you never want to miss a lesion in the mouth or any place else. It wasn't a dentist, it was somebody else, but a dentist could have been the guy who had the one-track mind.

What we need to do is diagnose every single lesion.

We are certainly getting away from John and his wife.

(Slide No. 124.)

This next patient was a woman who had chronic desquamative gingivitis. It is the roughness. Put an air blast over this, and it will blow up in a big blister. New York groups have used estrogenic hormones, but we don't think they are too effective.

(Slide No. 125.)

The next slide will show us John. We put the air blast on and look how it blows up. We said he had chronic desquamative giginvitis—no known treatment.

We got his history and found out he worked in a grain elevator. We knew it wasn't due to menopause in his particular case, although that is the usual cause given for it.

We figured it might be due to some allergy in the grain elevator, so we give him some treatment before he goes into the grain elevator. He has had an alleviation, but no stoppage of this particular disease. This is a disease you die with and not from.

That is all the slides I have. I hope you have an idea of what we mean by following through and making a diagnosis.

I just gave you two examples. We would go through twenty or thirty more examples. We could go on all night if we wanted to, with buccal mucosa and other types of lesions, but the important point is that we make a careful history, a careful clinical examination, to use every aid that we can, and then we add to it that factor of common sense.

Remember that you as dentists are the only ones who are the guardians of the mouth. When you graduated from school, you received a D.D.S. or D.M.D., which meant that you were charged with the duty of taking care of the oral cavity. You have not only the right to do it, but you have the responsibility.

You took the State Board examination and you were given a license to practice dentistry. You have not thereby received a certain privilege—no, a license of that sort gives you responsibility. You must complete your diagnosis on every lesion, whether it be lip, gingiva, tongue, mouth, teeth, or whatever is in the mouth. You have to diagnose it, and you are the one that has to do it.

Let's realize that this is our great responsibility that we must assume, and we must be proud of our work as the guardian of the entire oral cavity.

Thank you very much for being a swell audience.

(Meeting adjourned.)

AFTERNOON SESSION

FORUM DISCUSSION

The Forum Discussion of the Ninety-Fourth Anniversary Meeting of the North Carolina Dental Society was called to order Friday afternoon, May 19, 1950, H. Royster Chamblee, D.D.S. presiding.

DR. CHAMBLEE: The open forum phase of our program has proven to be very interesting and most instructive. We have had this for several years and our men have manifested a great deal of interest in it. It is practical because it gives us an opportunity to bring our questions to our clinicians.

This year we are fortunate in having a group of very fine scientists with us. Please do not hesitate to ask them any questions you may have.

At this time, I want to recognize one of our members who will preside at the first period. He will receive your questions.

I now recognize Dr. G. A. Lazenby of Statesville.

The subject will be, "Diagnosis of Oral Lesions."

DR. LAZENBY: Mr. Chairman, ladies and gentlemen. I am sure we have enjoyed Dr. Robinson's very educational and entertaining program—his lectures and slides—last night. He is going to continue this program by showing other slides that he didn't show last night.

In oral pathology, we find ourselves, particularly the older men in the dental profession, rather at sea. Of course, you younger, educated fellows understood every word he said last night, I am sure, but the older fellows, recognizing mouth conditions which are greater hazards to the patients' health than the mere filling of teeth, replacement of missing teeth and engrossing ourselves in prosthetic dentistry—we neglected that side of it. Personally I have, and I feel that the older men in the dental profession have, so welcome this very highly educated and entertaining program on the part of Dr. Robinson.

At this time he is going to continue his program with some additional slides, as I have mentioned, and, later on, when the Panel discussion starts, we want you to get any questions you may have off your chest. He can answer anything you will ask him, I am sure.

At this time, Dr. Robinson will continue with some of his slides.

DR. ROBINSON: I thought we might start this off by showing a few slides on some of the subjects we didn't cover last night. This isn't in order to cut down the questions, but because I thought there were some very important phases that you should have an opportunity to see. We are talking of the diagnosis of lesions of the mouth.

(Slide No. 1.)

This is a patient who comes into the office, a young man who says he has trouble with his mouth. The first thing we notice is in the buccal mucosa membrane there is a whitish area, and at the central portion of this whitish area there is a continuity of the tissues. We see no red inflammatory lesion around it. We also note that on the corner of the external surface, we also see a lesion, so we have to diagnose these different lesions.

The first thing we do is to consider various things. One of the first things we think of is, "Is this simply a normal condition of the mouth?"

(Slide No. 2.)

We look in the mouth and see that there are certain little spots in the mouth which are normally found in all mouths. That is nothing unusual. This is found in all mouths that we have examined. We found in the literature about 75 to 80 per cent were supposed to show these spots. When we reviewed, we found they all had four disease spots. This used to be called four diseases.

These are commonly called colored spots, somewhat flattened, not pointed like a pimple. They are not painful although occasionally they may have a pain in the area in which these spots occur. That presents a difficult problem. The patient says he has lesions in these areas in his mouth, and he happens to have a sore spot there. He thinks, of course, that those cause the pains, whereas they were present before the pain which may be from some other disturbance.

(Slide No. 3.)

Here is another patient who shows leukoplakia. Unfortunately the diagnosis of leukoplakia is made on practically every light spot in the mouth. This is not a proper diagnosis. Leukoplakia is a term which should be reserved for specific lesions.

There are two schools of thought on these lesions. One is a group in the armed forces which offers a very interesting consideration. They say that you must find a dyskeratosis. Dyskeratosis is something we only find microscopically. I say no. A group of us said that the important thing is that these are not necessarily dyskeratosis but is hyperkeratosis. That is a very simple term. All hyperkeratosis means is there is a thickening of certain of the surface material, just like the thickening of the palms of your hands where some of you might get them if you have a lawnmower, or swing a golf club—you will get callouses on your hands. It might be a corn, too. That is a hyperkeratosis.

Leukoplakia is nothing more than the same thing in the mouth. It is a response, a very effective response, on the part of the oral mucosa which produces this keratinized layer to protect itself.

The important thing is to remove the cause and not the lesion. The cause is important—it might be the excessive use of coal tar products, not the nicotine in tobacco.

(Slide No. 4.)

Here we see a typical white patch in the mouth. We run our finger over it, lightly, and see that it is somewhat firm, a typical leukoplakia.

(Slide No. 5.)

The next shows the elephant type—simply, elephant hide. It has your fissures in it. There are some people who try to scare the patients by saying that fissuring is a sign of malignancy, and it isn't at all.

(Slide No. 6.)

Here is a leukoplakia which is typical in its placement. It occurs sometimes where they hold snuff, sometimes where they hold tobacco, sometimes an irritation from a pipe, or a cigarette, or occasionally from spicy foods, and sometimes from rubbing of dentures, and things of that sort.

(Slide No. 7.)

This is a section to show what it is. This is the culture part. Note the hyperkeratinization, a thickening of the epithelium. There is a thickening, and all that white and yellow keratinization, exactly like a corn.

(Slide No. 8.)

It occurs not only on the cheeks, but also on the tongue. Here we see it on a congenitally fissured tongue. When they fissure, the man immediately says he is going to die of malignancy. He isn't. But you do have to remove the cause. We are not interested so much in removing the lesion as getting rid of the cause because the same irritation that produced leukoplakia could conceivably also be a contributing factor for formation of a cancer.

(Slide No. 9.)

Here we see, in looking at a palate, a little spot on the palate which is a so-called "smoker's patch." That is not leukoplakia. If we can get the patient to stop holding a cigar against that, the leukoplakia will disappear. That is more important than cutting out the leukoplakia—get rid of the irritation.

(Slide No. 10.)

Here is one in which we see a lesion which is stomatitis nicotino. That is a misnomer—it is not due to nicotin, but coal tar products. It is often found in a chronic smoker. It is significant that someone may smoke cigarettes, or use tobacco all day long and never get it. It is a variation in the irritability of the mucous membranes.

This is characterized by whiteness, but you notice there are little pimple-like areas. What actually happens is keratinization of the lingual duct leading from the salivary glands.

(Slide No. 11.)

This is one of the lips. That is one of the worst places for leukoplakia because it is not due to coal tar products. It is due to exposure to the sun, light. We find that soldiers, farmers, and sailors, and other outdoor workers have it who have not protected their lips. Have a hat cover this area, use vaseline to try to reduce some of this trouble.

(Slide No. 12.)

I have said that this very seldom becomes malignant. This is one case I followed to malignancy. Dr. Blair also had this same picture, one of five he had seen in his lifetime.

They can be malignant, but don't scare your patient. The only thing I know worse than cancer is cancer phobia. You either cut it out and the patient gets better, or they die from it. With cancer phobia they don't die from it—they just turn into chronic irritated old rascals.

What sometimes happens with one of these patients is that they will get this type of thing in the mouth and then they will become very irritable, and they say, "Am I going to die from cancer? I read that one of eight people die from cancer."

If you want to scare that patient say, "Sure." But, on the other hand, you can say that seven out of ten people die from something else. It is according to which emphasis you want to put on it.

He has this metal in his mouth. We see he has a gold crown back there that has a whitish color as though the mercury was rubbing off. We took a biopsy; ran an electrode across from the mouth to the gold crown. We found it came to over 16 times the amount of current that most people have. This was very unusual. He said he didn't smoke much. We told him to cut out the smoking.

I didn't see him for four years.

The doctor asked me to see the patient. Here it is after four years. Now he has a carcinoma which killed him. He died within three weeks. He did finally have the teeth out, but it wouldn't take away the irritation of the coal tar product. He preferred coal tar products to life itself. He didn't realize it was that serious. We tried to impress it on him, but couldn't. There you see the leukoplakia becomes a cancer.

We have to be careful, as there are occasional cases in which that happens.

(Slide No. 13.)

In this next slide, we see an individual who has a white lesion in the mouth. This particular lesion is not leukoplakia. Instead of having a dull appearance, it has a shiny appearance. It is bluish in color.

If we look at it very closely, we would see that there is a little filigree network, just like a piece of filigree network. You can't photograph that well, but you can see, if you take your fingers behind the cheek and push the cheek inward, you will notice this little filigree pattern. It is not painful, but of unknown ideology.

Most instances are associated with psychoneurotic upsets. I don't go for this psychosomatosis, but this is one thing in which psychosomatics is important.

In this particular instance, it was a dental student. Every time he came to his exams, he got this lichen planus. It isn't caused by a lichen, but is a fancy sort of condition that doesn't hurt, but it does come from psychosomatic upsets. Whenever he got through his exams, whether he passed or flunked or stood in the middle, the thing disappeared and everything was fine until the next exam.

(Slide No. 14.)

This is the same sort of thing. She has some in her oral mucosa. This woman was beside herself. She was suffering from cancer phobia. We were really alarmed about this patient because she was just a horribly upset person. It took about three or four hours of different sittings to finally convince this woman she had a perfectly benign lesion, a thing which was not a dangerous lesion at all, and had never been known to turn to carcinoma—a lesion which you get just like you would get gray hair or flat feet or anything of that sort. It is not something that is going to be highly dangerous.

We finally convinced her of it, and she was no longer disturbed about it and it seemed to miraculously disappear.

There is a treatment used by some dermatologists. Give them in a glass of water two drops for a week or so, until they have taken thirty of Fowler's solution in a glass of water, then 29, 28, and so forth, back to zero. In the course of 60 weeks, most of the patients get over it of their own accord, and they are satisfied because they have been treating it. It is just psychological treatment used by some dematologists.

(Slide No. 15.)

Here is another individual we see who has a white spot in the mouth. He does have a pattern on the edge of it and some on the cheek.

When most people see that, they say leukoplakia. When we see it, we notice its very, very white appearance and chalky white appearance. When we see a lesion like this, we say to the patient, "Were you holding aspirin back there?" We find out in most cases that is what it is, an aspirin burn. By holding it, it burns, as any other acid will burn. In this particular case he got that burn from aspirin. He didn't know he was supposed to swallow the things.

(Slide No. 16.)

This presented quite a problem. One of the students called me over and he said, "Look, this girl has something funny in her cheek." "How long has it been there," I said. I looked at the examination—they had noticed it. I said, "I don't know. It can't be leukoplakia."

You can see this little pattern of some red in between. I said, "I know what. Were you using any medicines in your mouth? Did you have any drugs?" She said, "No."

I told him to go up and take a picture of it. He came running back and said, "Doctor, you were right?" "What do you mean?" "It was an aspirin burn." "How did you know that was aspirin?"

He said, "I asked if she had been using aspirin in her mouth and she said Yes."

I went back and said, "Why didn't you tell me that?" She said, "You asked me about drugs. Those are things like cocaine and marihuana. I don't use those."

I said, "Aspirin is a medicine, isn't it?" She said, "No, you swallow medicines."

She powdered the aspirin and it had burned her cheek.

It is a very simple thing—it doesn't take a great deal. It is just common sense in diagnosis.

(Slide No. 17.)

Here we see a man that came in with lesions in his mouth. It had been diagnosed as syphilis, secondary and cursory at different times. It had been diagnosed as lichenomas, cancer, papillomas, leukoplakomas—anything you can think of.

When we were examining this man (he was a patient of Dr. Blair), I said, "Do you have this all the time?" "Yes, I have it all the time. It is always there."

Just then I happened to see he had some pimples on his forehead. I said, "Do you always have those pimples on your forehead on the skin?" He said, "No. They just get bad when the thing in my mouth gets bad. It gets worse sometimes and then gets better."

We thought of a possible allergy and found out he had taken a proprietary drug. It wasn't very important—it could be anything, but it was a proprietary drug for the treatment of heart lesion. We took him off the proprietary drug and the lesions disappeared from his mouth. We put him back on the drug and the lesions came back again. We took him off it and it disappeared. We called the physician and said, "Would you please take this man off that drug and substitute some other drug because this is what is causing the lesions in his mouth."

The guy was complaining then, said his heart was bad, and the fellow only knew one remedy. He put him back on the drug, but he was happy with them. He wasn't afraid he was going to die from cancer. I know he is still happily living with these lesions in his mouth.

(Slide No. 18.)

Here is another individual whom we saw—this fellow who got that gingivitis every 21 days. When that 21-day period occurred, he would also get these lesions on his cheek. That has a flat area, not much redness.

(Slide No. 19.)

Here is one in which a girl looks as though she had blisters on the mucosa, yet it didn't seem like herpetic lesions. They were there constantly. We took a biopsy and examined it—a lymphangioma, benign tumor. We knew what it was. We couldn't have known without the biopsy—we wouldn't know for the next 20 years.

(Slide No. 20.)

Here we have another one with blisters in the cheek, similar to the one we saw in this patient, but again we didn't know what they were. We cut them, took a biopsy—they were little masses of fat that accumulated back there.

(Slide No. 21.)

Here is a fellow who had a papilloma at the corner of his lip. This looks more like the thing we saw in the other fellow. This guy is a performer in a night club. He earned his living by playing a harmonica.

(Slide No. 22.)

Here we see a patient with a growth on her cheek. We took a biopsy—a plain cell carcinoma. Make your diagnosis complete. Get the biopsy soon and early.

(Slide No. 23.)

Here we see he on whom somebody waited. This is what I mean by the reason you shouldn't wait. This fellow had a lesion on his mouth, and the man said, "Wait and see what it develops into. It might be a tumor and it might not be."

The fellow said it was getting a little hole. When I finally made the diagnosis, he had squamo-cell carcinoma.

That is a horrible thing to do—to wait. The reason he came in was that he couldn't hold his tongue in his mouth. It kept falling out.

(Slide No. 24.)

In some people the negative pressure in the mouth and also the pressure of the cheek against the occlusal plane will produce this white line across there which is not a pathological condition, simply a physiological thing. Pericoronitis is a fancy name for it.

(Slide No. 25.)

Here is another patient on whom we are trying to make a diagnosis. When we take this patient, we notice this lesion runs back to the mucosa. It was on both sides of the cheek. Now it is on this side. It started on the other side. We watch this patient as he sits in the chair. Leave him alone, and notice he bites on his cheek. This individual is a cheek chewer. This is nothing but a lesion of cheek chewing. This might have been leukoplakia—you should have thought of that possibility. It may have been an allergic reaction, but actually it was nothing but this type of lesion.

(Slide No. 26.)

Here are a couple of slides I want to run through. This happened last week. A patient came in, very much disturbed because he had been to an orthodontist. He had lesions like you see in this tooth. He had ideopathic internal resorption. Don't tell a patient you don't know what it is, but call it ideopathic internal resorption.

This patient was almost beside herself because she had gone to her own dentist and he said, "You have had four of these teeth go like this over the period of the last ten years, but if you want, I will send you to another man."

The other man said, "We better get a tooth and get a biopsy because you might have something bad."

She said, "What would be bad?" He said, "This is giant cells. Giant cells are found in tumors."

The woman cried, "Oh, my God, I have got a malignant tumor." He said, "I don't know."

The biopsy showed it wasn't malignant. It is of unknown origin, simply an internal resorption.

(Slide No. 27.)

This shows another one with internal resorption. We find in the tooth no filling, no cavity. We don't know just how it happened. The multiple type might do damage. It might be due to hyperthyroidism, or it might just happen, as we say, because there is some disturbance in the metabolism of the individual.

(Slide No. 28.)

Sometimes trauma in a tooth will do it. Here is a section of what that tooth looked like that we removed. You will see that actually there is not a hole in the center, but the area in which resorption took place is now filled in by a bony white structure. The pulp is a tissue which is capable of absorbing or reforming. The metabolism may change and reform this particular type of tissue. That happens in many of these heavy parent cells.

(Slide No. 29.)

This is a dilly. That is a type almost every expert in X-ray has one of. You see, there is an uninterrupted tooth, but take it out and section it, and it is internal resorption, not dental caries. You can tell the difference. You only get caries on the exposed surface. This is on the unexposed surface, and is internal resorption.

(Slide No. 30.)

This has gone on both into internal and external. It took place from the reaction of the tissue. Eliminate the whole thing and it is gone. You can take the tooth out. There is nothing to worry about—you can leave them in until you have to take them out unless they become secondarily affected.

(Slide No. 31.)

Here is another type of reaction. Sometimes you get a blow on the tooth and instead of getting internal resorption, we get a filling in. About twice a year I get one of these through the mail. A man says, "I was taking a pulp test on the tooth. What shall I do, Doctor? Shall I take it?" Of course not—it has one of the finest root canal fillings you can get. It is a beautiful root canal. Don't take them out unless there are other extenuating circumstances. Don't take it out because there is no reaction to heat, cold, and electricity.

(Slide No. 32.)

This is the same type of thing, that same sclerotic bone, you can simply call it. We don't take the jaw out. We see it in the dentin, and we shouldn't take out the tooth.

We can proceed now to answering any questions you may have, as long as time permits.

I wanted you to see those few slides and carry over the thought of leukoplakia and also this internal resorption.

All I had to do with that woman was put her mind at rest. She came in about 4:30, and it was about 6 o'clock when I finally had her mind at rest. Her husband said, "You know, you have done more for my wife than anybody has ever done in an hour and a half easing a woman's mind."

He said that after she left the office of the previous doctor, he said she was in no condition to go home. When she left that man's office, she didn't get home for an hour and a half afterwards, and she had no idea where she was.

We had to take the time to talk and tell this woman those things. That is dental service just like filling teeth.

I don't want you to get the idea that we think teeth restoration isn't important. We should be proud of good fillings, restorations, dentures. We should be highly proud of those things of that nature, and not be ashamed of them. But, at the same time, we should carry forward these concepts of the treatment of the entire mouth as our field, as the caretaker, the guardian of the mouth, as a member of the great team of the health services. We are not a subdivision of medicine. We are all part of the great team of health service in which there are physicians, dentists, veterinarians, nurses, physical therapists, and other people all working in this field and all working together for the welfare of the patient.

DR. CHAMBLEE: Thank you, Dr. Robinson.

Please make the questions spontaneous.

MEMBER: I would like to ask Dr. Robinson if he finds mouth lesions due to the galvanic action, as we call it, from different metals in the mouth?

DR. ROBINSON: A dermatologist named Lane in Oklahoma, several years ago, wrote a series of articles in the Medical and Dental Journals, pointing out the different electrodes, the effect of different metals.

That is entirely possible, and there are rare instances in which it happens. Using an electro-galvanometer for a period of about ten years, I finally stopped it. I found three individuals who had enough current in their mouths between these metals to produce electro-galvanism.

That might manifest itself as an ulceration, usually in an area between two dissimilar metals—not two metals in contact, but, say you have a gold inlay in one tooth and two teeth away there is one of amalgam. You may get it from two different types of gold.

If such lesions do occur, they may be simple ulcerations, there may be hyperemias. It may go as far, as it did in one instance, as leukoplakia. It has been reported, but never proven, that they might cause cancer. It is a very much overrated thing, although it may occur in infrequent instances.

You can go to some engineer or someone in an electrical shop and get someone to rig up a little galvanometer. Put two wires to it, and put it in your assistant's or patient's mouth and calibrate that. By putting dissimilar metals in different teeth, you will find it will kick the needle over. You can't measure it exactly. You say it might go over four units. Then take it and put it in the patient's mouth whom you suspect. Put these same things in his mouth. If it only kicks over four or five, you know it is normal. But if it goes to 10, 15, 20 or 30, you know you have electro-galvanism.

I think I only remember three instances in ten years in which I could actually diagnose as electro-galvanism.

MEMBER: In your experience, what is the prognosis of squamo-cell type carcinoma or epidermoid carcinoma? Is the treatment surgery, radium transplantation, section of cells, and so forth?

DR. ROBINSON: Squamo-cell carcinoma varies in prognosis from one part of the mouth to the other. The prognosis in the tongue is not good. The prognosis in the lip is excellent. The prognosis in the roof of the mouth is fair. The prognosis in the floor of the mouth is a little better than that on the tongue. The prognosis in the gingiva is usually good.

The second thing that makes the determination is how advanced the lesion is. If you get a small lesion, the chances are it is before there is any metastasis. In most of these, they have a 75 to 94 per cent chance to recover.

Treatment by surgery and radiation—the choice between them is not simple. I usually leave this up to the decision between the surgeon and the radiologist. I would like them to decide.

I find direct radiation, in most instances I have seen, is more effective than radium implants. This can be radiation, radium emanation, or just in the form of X-ray. X-ray, I think is easier to control. It is an excellent method. We could consult with the patient after the decision is made as to whether it is necessary to irradiate or necessary to do surgery. In many cases, we do not with this particular thing.

I believe we in the dental profession have a very important role in this respect. 7,500 people will die in the United States this year of cancer of the mouth. 7,500 people. Some of them may be your patients or my patients. We can prevent 6,000 of those deaths. I think that is a conservative estimate. We can prevent 6,000 of those deaths by early diagnosis and referral for adequate treatment immediately.

I don't believe that you should send them to any physician. Please don't do that. Send them to a man who is an expert in the field of cancer surgery or cancer radiation and see that they get that man. It is your responsibility. If there is any question, you take the biopsy in the first place.

I mention a case we had in two weeks ago. We had 150 people in for a day on cancer instruction. At the end of the day a man came in, a veterinarian from a small town up-State. He had a lesion on the floor of his mouth which was about half the size of a dime. This particular lesion had a red raised edge. He had been going for three weeks to physicians and dentists around his own areas and they all said, "We will watch it a little bit." He said, "I got, deep in my throat, a soreness that nobody can diagnose, either."

I said, "The soreness is out of our line. You come over and we will take a biopsy."

We cut out the entire little area, about the size of half a dime. We took that area out, sectioned what we could. There was palpable lymphomatosis of the neck. We looked at the things—squamo-cell carcinoma.

We referred him to a radiation service. I called up the radiotherapist. I said, "Joe, can you take care of this man? I think radiation is the method of choice, but how about that throat thing? That is your job."

They got the residents in nose and throat to go over this fellow's throat, and they found a lesion in his esophagus about 5 centimeters by one centimeter. He had an erosion in the esophagus, not a metastasis, but another individual lesion.

That man operated the thing. The first thing to do was get the biopsy, not wait, but to get in that area and find out what the trouble is.

I think the prognosis will get better and much better as we make early diagnosis and see that it is getting into the proper hands.

I never personally make a choice between radiation and surgery. I always confer and act as a moderator between the radiation therapist and the surgeon because there are some in which radiation is better, and some better if you get at them with the knife. Sometimes they are sitting right out there like sitting ducks, and the best thing is to take them off with a knife. Where there is a question whether you can reach them easily, many times radiation is the operation of choice.

MEMBER: I have a patient, a little boy 8 years old, who has a very slight flow of saliva. This thing was first noticed by his parents when he was two and a half.

I wonder if you run across patients like that. He has trouble with his lips parching and swelling.

DR. ROBINSON: Yes, we see it once in a while. We don't know a darned thing to do for them. I don't believe in giving any drugs to stimulate the flow, because that just makes it worse. The only thing we have done is keep those individuals on a high fluid diet, and it doesn't help too much.

I am sorry, but I don't know whether it is physiological in the salivary glands. I don't know what will help it.

You will probably run into a high rate of dental caries in a patient like that.

That gives me a chance to mention another thing which I had forgotten, that is, heavy radiation around the neck and jaws. Any time you have a patient receiving heavy radiation around the neck and jaws, get the teeth out before they get the radiation therapy, because the radiation therapy has a direct effect on the teeth. They block them off with lead, shields, and it makes no difference. When the neck is irradiated, they get reduction in the salivary flow, which results in a very rapid, almost spectacular dental caries. It seems to decapitate the teeth. Then, the individual comes in with a bad toothache, and you can't extract the tooth because if you do, they get radiation necrosis of the mandible and osteomyelitis, which is very severe. We sacrifice the teeth in those cases.

There is a patient with cancer. The teeth in that particular case are of relatively small importance. Get the teeth out and then have the patient irradiated. Make dentures for them, and you don't have to worry about losing the patient from this type of thing.

You have something in that young individual that we don't know what to do about. We have no way of increasing that flow of saliva.

MEMBER: In a case of irradiation of the thyroid glands, do you sacrifice the teeth there?

DR. ROBINSON: If the radiation has been well filtered and there is a small portion in which the radiation therapist is going to work, tell him you want him to stay entirely away from this region, away from the salivary glands, if he possibly can. Then I would not extract the teeth. But if he says he has to give more, then I would take out the teeth.

MEMBER: How about the Hodgkin's disease?

DR. ROBINSON: In Hodgkin's disease, we see it in the gingival tissues, not the teeth themselves. It seems to disintegrate rather rapidly. You do not seem to have a good resistance. Hodgkin's disease is a tumor in the epithelial system in which the individual has a loss of cells.

In order to control Hodgkin's disease, irradiation therapy, or more recently, P 32, which is radio-phosphorus, one of the so-called split atoms, is given to the individual in order to cut down on this condition. Another remedy is mustard gas, and there is another development even since then.

In our Hodgkin's cases, when the patient is in good shape, we try to do our dental work when the patient is in the low ebb. I try never to extract the teeth in a Hodgkin's patient who is on the bound, that is, who has just had the therapy and is on the way up. We hold the palliators to that particular point and do our work.

We are very much interested in Hodgkin's disease. We lost a patient who had Hodgkin's disease. Our professor has had it for 16 years, and kept himself alive with it by using mustard gas and so forth.

He has this girl whose condition was being controlled. As she went home, when she was on that stage of getting back from radiation therapy, a tooth bothered her and he took out the tooth. She had an area of necrosis about the size of a half dollar. You could have thrown a half dollar in there in the posterior of the mouth. We tried everything we could. We threw everything in the book at her in order to try to save her. It accentuated her Hodgkin's disease by this infection, and we lost the patient. We were never able to carry her to recovery.

Do not operate or work while they are at the recovery stage, if you can possibly help it.

MEMBER: With respect to non-symptomatic pulpless teeth, all too frequently they are retained for space maintenance. What is your attitude toward that?

DR. ROBINSON: They should be extracted if there is any break in them or bony destruction. There is no excuse for leaving infection in the oral cavity, no matter about the space maintenance. You can put a mechanical space maintainer in. It is far more important to eliminate infection than it is to maintain space. You can reconstruct that mouth and push the teeth back into position if you have to, even.

The patient may get generalized infection, toxemias in the blood that will probably end in nephritis. Those teeth should never be left in. No infected teeth should ever be left in the mouth, whether it is chronic or glanduloma, or whether there are too many symptoms or not—there is no excuse for leaving an infected tooth in the mouth.

MEMBER: In a good many cases of very young patients, the thymus gland has a certain amount of radiation.

Would that be sufficient cause of any difficulty later?

DR. ROBINSON: Not as far as the jaw is concerned. As far as I know, the thymus has no relationship to the teeth. The thymus is the same as adenoids or lymphoid tissue, which develops up to the age of puberty and it begins to recede.

In those particular cases where it has not gone down at puberty, it is sometimes irradiated, but as far as we know that has no influence on the teeth.

The only time the thymus plays an important part in the dental conditions is that occasionally an individual might have a thyroid which produces a condition that is rare, known as status lymphaticus. The pressure on the respiratory tree will sometimes produce gas during a general anesthetic with an individual who had that. If an individual, a youngster, has difficulty with breathing, if you are having reports of that, you better have an investigation to find out if there is a large thymus, because it might interfere with a general anesthetic.

MEMBER: In taking a biopsy, isn't it possible that we may metastasize somewhere in the act of taking that tissue? Is there danger in taking a biopsy?

DR. ROBINSON: Thanks for asking that question because that question is in everybody's mind.

There is no danger of producing metastasism by taking a biopsy. That is one of the old myths, and the only persons that I can see who would back it up are men who don't like to take a knife and cut out the biopsy.

I was a member of the board of directors of the American Cancer Society, the dental representative on it when there were 34 members. All the rest were physicians. We cut the membership down to 12 to save money.

At that time we had spent one whole day in New York City with all the cancer experts from the country discussing the possibilities of metastasis on taking a biopsy. There has been no proof that a biopsy ever produced metastasis. There was an old myth that it might carry a cell into a good cell or lymphatic, and that way spread it. There has never been anything to demonstrate that that happened.

After everybody was satisfied that there was no danger of producing metastasis, then a further thing was brought out—that even if there were danger (there isn't, but even), we would still recommend the biopsy because you do not know what you are dealing with until you get the biopsy. It should be taken, and there is no danger of producing a metastasis from the biopsy.

There is an old myth that there was such a danger. I was taught it myself. Once in a while somebody would take a smear and say, "See those cells that might have been pushed in there," but nobody ever showed them pushed in.

DR. CHAMBLEE: Here is a question submitted by a member, a very pertinent question:

"Is penicillin dangerous intraorally?"

DR. ROBINSON: Penicillin is another one of those things about which we know a good many things from the standpoint of a laboratory which have been applied well clinically.

There has been a fear created in the minds of dentists that we will produce penicillin sensitivity. If we are going to have penicillin sensitivity, the individual is already in a condition where they would have such a sensitivity. The taking of the first dose of penicillin would sensitize that individual and the second dose would make allergic manifestations. That reaction is a thing within the individual, whether you give it for something in the mouth or something in the toe or something in the lung. They are still going to have that reaction when they take it. You may find out if they are sensitive.

The second thing is that we develop penicillin resistance, strangely, by the use of penicillin.

When you take penicillin in the mouth or any area in which there are mixed bacteria, the bacteria are killed off by the penicillin, and the ones resistant, remain. They were already resistant and they gained the upper hand. They were already present. They just are allowed to grow because the penicillin killed off the rest of the organisms.

Penicillin, I think, can and should be used in the mouth under certain conditions, but there is no sense in using it when we don't need it. There is no sense in using it in, say, marginal gingivitis because what we need to do is get rid of the calculus. There is no sense in using it in periodontitis because we don't have acute enough inflammation that the body can't overcome when we remove the traumatic and other factors.

However, when we have an acute gingivitis infection, I like to use penicillin, and I don't like to use it intravenously or intramuscularly, but prefer to use it in the mouth. What we use are 20,000 unit chewing troches. It is recorded in a large number of cases that sensitivity in the mouth and sore mouths have resulted from the use of penicillin lozenges. We could use those, but didn't think there was enough penicillin in them. We use chewing troches—one in the morning, afternoon, and evening, for a couple of days when they have acute Vincent's infection.

With the use of that, we find the individual does not get the sensitivity. We have literally barrels of them. We use them in order not to get this sensitivity. We have yet to have our first sensitivity. The way to use it is directly in the mouth in those conditions.

When we have an individual who has cellulitis or osteomyelitis, when you use penicillin, the way to do it is intramuscularly to carry it into those deep tissues. I do not believe you should inject into the mouth. Inject it into the deltoid or the buttocks, but there is no reason to inject into the mouth. I don't think there is any advantage in it.

The dentists like to inject in the mouth. A patient is apt to object to having a dentist tell him to drop his pants and give them a shot in the buttocks. Just inject into the deltoid. We do that very commonly with our patients.

When we have a patient who is out of town who can't come in all the time, start them with 300,000 units of penicillin intramuscularly and give them penicillin orally. We give 100,000 units of penicillin every three hours, to maintain them until they come back in again in two or three days, and we can review the case and see what more is needed. We find it is very handy with patients who can't come in for daily injections. That is a lot—100,000 units every three hours. That means 800,000 units a day by mouth. The original 300,00 is utilized—that is why we give them such a large dose.

Penicillin has a very distinct place, but first you have to know you are dealing with an infection. It is also good root canal therapy.

MEMBER: What do you think of a combination of penicillin and aluminum?

DR. ROBINSON: We find that there is no distinct advantage in the aluminum penicillin over penicillin procaine. The detail man came around and told us how much better it was—that it was three or four times as good, so we looked it up in the studies and found out just how good it was. We have been using penicillin procaine and use that.

Incidentally, penicillin procaine has no anesthetic effect. Procaine is simply the radical in which the penicillin is located, and has no anesthetic effect.

I don't like a mixture of novocaine and penicillin for injection in areas of infection. Occasionally, if you have to, you give penicillin in some areas. Remember, there is less absorption of fluids in an area of inflammation, so the place you want to put it is not in the area where it

won't be absorbed. It will not take when it goes into an area of inflammation, so put your anesthetic around that area if you have to, and then inject intramuscular. Of course, the more preferable thing is to give a general anesthetic, and you don't have to inject into the area at all.

DR. CHAMBLEE: Our time is running over, but this is so interesting, we will give him a few more minutes if there are more questions.

If not, on behalf of this Society, I wish to thank Dr. Robinson for his very entertaining educational slides and the address. I think his paper and his slides have been the very best we have ever had on this. If everybody agrees with me, give him a hand. (Applause.)

I am going to ask him a very personal question.

Dr. Robinson, have you enjoyed your stay in Pinehurst and do you want to come back to see us again sometime?

DR. ROBINSON: Thank you, Doctor, and thank you audience. We have had a swell time in Pinehurst, and we would like to come back again.

I was really amazed at North Carolina. You know, you kind of get the idea that North Carolina is an old State and on the way down, but as we came cross Asheville—we stayed the first night in Hot Springs, North Carolina and then came across, and there was some of the most beautiful country and an awful lot of resources that haven't been touched yet.

This country isn't great just because Henry Ford built cars, or because we know how to put a few things together. It is because we have those resources. You still have a lot that the rest of the country can use. Go out through Kansas and watch the great desert. Thank God we have places like this. (Applause.)

DR. CHAMBLEE: Last year, Fred Hunt and I took the Ohio tour operated by Bill Carrick of Ohio. On that train were a large number of Ohio dentists. I don't think that I ever met a finer group in my life, and I think Fred Hunt will bear me out on that.

Dr. Robinson, the interest that has been manifested in your subject and in your presentation should be gratifying.

DR. ROBINSON: It is.

DR. CHAMBLEE: We certainly hope you will come back at an early date.

The next period will be presided over by Dr. S. E. Moser of Gastonia.

The subject will be, "Practice Management."

DR. S. E. MOSER: Mr. Chairman, I want to say to this fellow Dr. Robinson, I don't see how he expects us to compete with such a program as he just put on.

Those of you who heard Bill yesterday derived a great deal of benefit out of that lecture, I know. He brought out some very fine points.

There should be some justification for arriving at a given fee. That can be supported by figures and by reason.

Most of us, when we graduated, didn't know anything about dental economics. Our basis was usually one of three reasons,—what the patient expected to be charged, our immediate financial needs, and charging all that we were able to charge without arousing protest.

Bill Garrett is here now to answer any of your questions. I am sure he can enlighten you on dental economics.

DR. GARRETT: I want to take this opportunity to thank Dr. Robinson for having been able to hear his fine discussion and presentation both last night and this afternoon. He has really brought some information into the field of oral pathology and particularly with those lesions of a potential malignant nature.

Yesterday we were discussing in an abstract manner many of the things that are important for developing and operating a successful dental practice. Of course, when we mention successful dental practice, it means one thing to one man and another thing to another because we have different concepts.

To begin our discussion this afternoon, I want to present to you some concrete figures that will demonstrate just how practices are being conducted at the present time and why, at the end of the year, some of us are not as well off financially as we feel we should have been because of our efforts.

In Atlanta, there is a group of men, a cross-section of the profession, of which I happen to be one, who use an accountant to keep our books for us, a bookkeeping service. We don't try to keep our books by having office personnel do it, other than keep the daily records or work sheets. Then, monthly, the accountant comes around, posts all records and gets your monthly trial balance, and lets you know whether or not you have made any money. At the end of the year, with 21 men cooperating, we compile these figures, and they are most interesting. I believe they will be interesting to you. I will point out to you some of the reasons why we are meeting with some of the problems we do.

I might say, after being here for two or three days, I don't believe the dentists in North Carolina have the trouble we have in Georgia. I never saw so many Cadillacs or fine automobiles as I have seen here.

But the 21 men that contributed to the compilation of these records had a net income last year of this much—I will put the figures down so you can see them. It is rather interesting how these figures relate to the national figures that have been made available on the national income.

These 21 men were all in Atlanta and they were a cross-section, men whom I consider as having full practices and practicing as many hours as they should.

\$21,003 was the average for 21 men in Atlanta last year, business done. That is how much they put on their books. That is how much they produced. They collected an average, in round figures—I left the cents off—of \$19,445 gross.

What does that point out to you? We read texts and hear some fellows say that our expenses ought to be this, that and the other to wind up with this much. At the end of the year, when you have 4/10 of 1 per cent, you can save for your old age, there is something wrong.

Here is the first thing that is wrong. Look at the percentage of loss through bad collections, poor management—a \$2,000 average for every man. If a man keeps that up for 20, 25 years, every year producing more than \$2,000 than he is doing, where is his profit going? How many can stay in business on that basis?

That brings up many questions. The first question is patient management, case preparation and presentation and setting, if you please, a contract for the services you are going to render. You know, it is an old saying that is quite true, if your case is well presented and your fee is properly presented, then it is half collected. In other words, if it is done at the time you begin the service.

There is one of the greatest leaks in the practice—that first figure you see there. The average loss of \$2,000—and remember that is in times when money is freer than it has ever been in any of our lives. These figures are for 1949.

We began to talk to you about the expenses that were involved in producing this \$21,000 worth of dentistry. The average office expense for those men is \$1,652; the average productive expense for the 21 men in Atlanta. That is how much it costs to run the office.

You ask what that included. We worked out a system of accounting that we felt would cover these expenses that you are legitimately entitled to charge to the operation of your office. The first, of course, is your rent; then your drug supplies; laboratory fees; your salaries; stationery; postage; dental association dues; literature; telephone; laundry, and other miscellaneous expenses, such as flowers and contributions that you make—tips, and so forth, to the janitor. We included everything that is legitimate expense that most of you pay out of your own pockets. We included depreciation, amortization, in some instances, of the business expense for establishing themselves in business, which is legitimate. Unless you do it, you pay the income tax on funds that largely you should charge off as deductible items.

In other words, you should include in your expense, budget all of those items that you can legitimately deduct as an income expense.

What did that leave each of those boys with as a profit? \$8,972 in round figures. That is the profit before taxes, remember. Uncle Sam and the local authorities haven't got their cut on that yet. That has to come out.

The taxes out of that last year that the average fellow had to pay was \$1,756. That is in Georgia, and includes Georgia's income tax. I don't know if you have it in North Carolina. We have a State income tax down there.

MEMBERS: Yes.

DR. GARRETT: I am sure you have one.

Where did that leave the boy for his net income for the year, income on which he has to live, save for his old age, take care of the budget and educate his family, maintain his home? It left him with a net, last year, of \$6,219, his net after taxes and expenses were paid. So you see what he is getting out of his \$21,000 effort, or \$19,000 gross collections. I have put the net after taxes—in other words, that is what he uses to buy his ice cream sodas with and educate his family and live on—\$6,219.

Of course, that was, I believe, a little better than the national average, but even so it is rather distressing to me that such a condition prevailed, as I said, in times like these. Still, when you begin to talk with me about what is wrong, they don't seem to understand.

In keeping these records, in the accounting system, we had them include the average expense for life insurance. The average payment for life insurance was \$458, and, at the end of the year, the net gain, as I said, after paying all the taxes, was 4/10 of 1 per cent for savings. That is all that was effected out of the production of those men in times like these.

When you get actual figures of that type, it makes you stop and think. These men, most of them, think they are doing well, and they are. They are producing.

If we assume that those men are producing, or working on the basis of 1500 hours, I venture to suggest to you—how many men in this room know what the cost per productive hour to run your offices is today? (Show of hands.)

Gentlemen, you cannot establish adequate or equitable fees and know where you are going unless you first establish what it is costing you per productive hour to run your business. The average of those boys was \$7.10 per hour. \$7.10 per hour is what it costs you for every hour you work at the chair. If you know that every time you stand at the chair you have to produce it before you can make a penny for yourself, what are you going to do about it? You have got to do one of two things. First, you have got to determine where the collections are and where your expenses are going, and if they are in line, and then you have got to decide, first, because you do that, if you can live on what is left. If it isn't sufficient, you have to check it.

Did you ever stop to think that if you want \$12,000 a year income (I am taking that figure because it is easy to discuss) you will be working 1500 hours. I will bet there aren't a dozen men that are working more than that. I mean productive hours. That means 30 hours a week at the

dental chair for 50 weeks a year. If you are working more than that, you are doing more than you should. Thirty hours a week at the dental chair for 50 weeks is 1500 hours.

When you stop to think how little time you have to do the things you expect to do, you realize how you have to conserve every one of those hours and make them productive. If you are working more than that, you ought to revamp your setup as far as your practice management is concerned.

We will assume that you should work that long. Here is what will happen. It will average out 30 hours a week, but as you get along in years, you will cut that. We will take as an average 1500 hours. Some of the older men won't get in over 1200, and some we'll say 2000. You can't do that—that would mean 40 hours a week for 50 weeks. That is beyond human possibility. You know, in the studies they conducted in England, they said that the dentists should work for about 31, 32 hours, and that is the basis on which they set up their original program there of socialized health. They recognize that is the maximum time.

If you are going to work 1500 hours, and you know what your overhead is, you should keep your working hours. You all have nurses. Just start in the first of the month to check your patients in and out at the end of the month and see how many productive hours you have. I don't mean the time on the telephone or for visiting when you are not producing, but the time that you are producing. You would be surprised how they add up at the end of the month.

The first premise you would have to consider in establishing a program of practice management is to base your expenses on the productive hours that you are putting in. In other words, this is a personal proposition. One man, as a result of health and energy, and so forth, and capacity, can work longer hours than others, so he can adapt his program differently, if he knows how he is going about it. If he works 1500 hours a year and he has got an expense, we will say, of \$6 an hour, \$9,000 a year, that means he has got to collect that much before he starts doing anything, or gets \$6 from every patient per hour before he makes a penny. If you want to make \$12,000 a year on 1500 hours, you don't have to be a wizard to know you have to get \$8 an hour for every hour you work above the cost of running your office. Eight times 1500 is 12,000.

We hear this controversy about the cost of medical service, the cost of health service. I admit it is high in some instances, but a good bit of it is a result of lack of organization on our part, lack of running our practices as they should be run, as economically as they should be.

Then, there is a faulty concept as to how to establish fees. If you want \$8 an hour and you have an overhead, like I had in Atlanta last year of \$7, you have got to charge \$15 an hour for every hour you work at the chair. You have got to do that in order to get that income.

They are not averaging that, and not averaging that they are overcharging for those that are not worth a darn and not being paid most of the real services that we render. We haven't yet evaluated and established in our own minds the value of most of our service. Only we can do that.

We have depended too much on the commercial side of our profession for our income, and the public is waking up to it, and particularly these laboratory boys are waking up to it. If they get organized, they are going to get their cuts and give us a lot of trouble.

We charge them tremendously for removal cases that are not worth it, we know, if we are honest about it. And, the very services which we are capable of rendering which are really worth while, the dental restoring and operating on dentistry, we work at a loss. It is not fair. Your premise is wrong.

Just stop and think about it. There are two ways to establish fees. The way most of us establish fees is just by precedents. He might charge 50 cents for an extraction, \$25 for an alloy restoration, without knowing what it costs him to do it, or the patient's ability to pay or the rent involved or the amortization of his investment, his expenses, and all the items that should enter into the establishment of fees, he didn't consider. That is what the merchant does when you go to buy his products. The automobile salesmen do it, everybody does it but us. We don't.

As dentists, we furnish the hospital and operating room and nurses' services and everything else. The physician just furnishes his time. If you go to a physician, he gives you a prescription, and you pay the druggist his profit. You pay the anesthetist in the hospital, for the operating room, and you pay everything, and you pay the physician his fee.

What is the difference? Why shouldn't we approach it that way? Why shouldn't the patient pay us for all accessory services we have to supply to serve them and then pay us our proper fee? That is the basic, the sound way, it seems to me.

This is a personal opinion, but other men have been thinking along the same line—that we should approach the method of establishing fees from an angle different than that which we do now. It means somewhat of a revolution of our present system of unit fees.

The unit fee system, I think, is fine when it is used intelligently, when you know what you are doing. I mean by that a fee for each unit of service. It has to be used in many cases. In certain areas of our work, it has to be used, wherever certain specific operations are to be done. In most of our health services, it is being done on the basis of a fee for your service plus a fee to cover the overhead.

I will give you an example of how you can operate, particularly on new patients, and I advise this system to young men who are just starting. You can train your patients from the beginning, particularly if you know where you are going. That is the most important.

How would you go about establishing a fee on that basis? Incidentally, in a questionnaire sent out by a group which was interested in this, 90 per cent of the dentists said they give the patient an estimate for their service at the first visit. They couldn't possibly do that. In most instances they weren't fair to themselves. In other instances, they were not, as I said, being paid as they should be paid.

We will just take a hypothetical case for discussing how you would go about handling a patient for whom you were going to estimate on the basis of getting paid just for your services.

When you eliminate the unit fee basis, then what basis have you to go on? You have got to establish your overhead, or cost of operation per hour, so that you know that. Then, as a result of your experience and your capacity to produce, you see if you have a form to go by, then each of us has to work out forms as to just what his procedure must be. It is simple when you start with the right principles.

So that the picture will be simple, we will work it out this way: You are going to work 1500 hours, and you find that is enough. That is pretty much of an average for a man in good health, putting in just about that much productive time. Just for the sake of argument, you have an overhead of \$3, fixed productive overhead, not non-productive. That is \$4,500 overhead that you have, that you have to meet for that year. You will say \$8 an hour for your time, or \$12,000, is your goal for that year.

I suggest to you that to be successful in the practice of dentistry, as in anything else, we ought to establish quotas for ourselves each year. It is something that I have been doing, if you will pardon the personal reference. The first day I started practicing, I decided to do that, and I think all young men should.

It is not any surprise to me that we dentists, being confined as we are within four little walls, lose contact with others. Unless you have driving ambition, some incentive, you don't keep up the push and vigor that sales organizations use constantly. They have sales managers, the highest paid they employ. They receive certain quotas, offer prizes, offer constant stimulus to their sales organization to produce business each year. They are constantly setting up new quotas for themselves as their capacities and abilities increase.

So should we. Your skill and ability is something that should enter into establishing your fee, and that improves with experience. You are entitled to increase your quotas from year to year until you reach the maximum of your production. Of course, the public is not going to pay you very long more than your service is actually worth. You can fool them, all of them, some of the time, some of them all of the time, but you can't fool enough of them to keep that good practice for a long time. It is easy for anyone to build, to attract the full practice, but it is very difficult and takes constant effort to hold and maintain a successful fuller practice which will pay you as you should be paid.

I contend that when you are losing as much as the dentists lost last year, there is something wrong, even with the scale of fees we are setting.

Let's see if we can't get these figures straightened out as to how we are going to establish a fee to pay for our service and let the patient pay for what it costs to render the service. In doing this, you handle your expenses two ways.

If you are going to use both the unit system in your practice and the estimate system, based on the cost to the patient and let each patient pay for their prescription, then you don't include your laboratory fees in your overhead. The reason that approach is made to that question in that way is very simple. We ought to place ourselves in our patients' position. Suppose I go to my dentist and I need two removal bridges to restore my function. It is going to involve a laboratory fee of \$125, we will say first. Do you think it is right for a dentist to include that in his gross overhead for that month, and then when you go in with several alloy restorations and some simple filling and a little work that is nothing, and he makes you pay a part of the expense of supplying me with those removal bridges? Basically, I don't think it is right.

Of course, as I said, that is contrary to the way we have been doing things. We have a four or five hundred dollar laboratory bill a month. We have all those patients who didn't participate pay an equal amount, just as those who did participate. Why wouldn't it be better to let the patient pay the laboratory bill of \$125 and then your profit in addition to that, then any other patient would pay you on the same basis according to your valuation of your service, for the time you worked on that patient.

You know, when you get a patient to your office and take 30 minutes to make an impression, send it to a laboratory, they design it, it comes back and you put it in, taking 30 minutes for that, you have spent something like an hour and a half. You get a fee of \$150 and \$200. It is not worth it. Still, on other things you spend four or five dollars, and you don't make enough to get your overhead out of it. Unless we correct those inequities they are going to be corrected for us.

When a patient needs these things, we let each patient pay for it. We don't saddle it on other patients. We let them pay according to their needs.

We get this patient and make an examination. When the patient first presents himself in our office, the first thing they get when they come is to ascertain the purpose for being in the office, get them relief, and suggest to them what we think is necessary for the mouth. Give a complete X-ray examination in most instances and in all instances where we are going to do any work. We get a record of that patient. All the information available, that your girls could get, the mechanics of it, the girl should be trained to do. That also includes the credit references.

Then you give that patient an appointment. When he comes back for the appointment, you have a credit report on him. You know, where there is nothing in the world more ridiculous than a dentist to gamble on a patient whose credit reference is terrible. If the credit record is not good, proceed accordingly, and even if it is good, proceed accordingly. You can be fair with him if you know his financial capacity.

That is one of the greatest weaknesses in dental practice today. Dentists are indifferent to ascertaining just what the patient's capacity is. You know, there are four C's of credit—Capital, Capacity, Character and Conditions. Those are the four C's in business operation. Capital—their

worth, you get that their capacity to pay—they may be involved in a lot of debt—they may have a lot of overhead even though they have a lot of capital. You may feel they are not entitled to additional risk or additional credit. Their capacity enters into it. The character of the patient is the cornerstone of the whole thing. Then, the conditions—whether the patient is a commercial salesman, whether he is in a permanent job, whether in industry or what line of work, whether they are liable to be laid off next week. We can discuss the controls of extended credit, and spend an hour on it, things that make you wonder whether or not you want to extend credit.

When the patient comes back the second time, you know his capacity. You should have a scale of fees, and I think all of us, or most of us, have.

Don't allow a patient's complaints force you to reduce your fee. If you go in and price a suit of clothes, or anything else you are buying, and they tell you it is \$75, and you say that is too high, they will say, "We will let you have it for \$60." How quickly they do it. They know the profit they make on it.

Seventy per cent of the dentists say they reduce their fees on complaints. That is because we haven't got a sound basis for establishing our fees. We tell the patient, "I have given you, based on your capacity, and what you need, the best I can. I have given you good service."

Many people are not looking for something for nothing, but looking for the most they can get for what they spend. On the other hand, we have to protect ourselves. You have to render good service, and you ought to have courage to demand a fee that will justify what you spend and what you are entitled to.

We find, after examining this patient, according to our estimate it is going to take 15½ hours, we will say, to render the service. We know we have an overhead of \$3 an hour. We find out the things we are going to do for that patient. We figure, without examination, it is going to take so much operative time to work on that patient. We are going to make a couple of inlays for that patient, and make him pay for the inlays just like the physician makes you pay for the prescription. You are going to include the cost of your gold, if it cost you \$5 for gold, and you are going to make his removal bridges, and include that. You know from experience you are going to have a laboratory fee on the cobalt, and that fee will be around \$35, so we will figure \$36 for that.

That is the cost for the service to that patient that we are going to have to consider. That means it is going to cost us \$87.50. That is the cost of the hospital service to that patient. That is the cost of the time we are going to spend, plus the material we are going to use, plus the laboratory fee we are going to have. If the patient went to the hospital, they would pay for all those things, but we furnish them all at our expense. It is fair for the patient to pay for them, so we put it on the list.

Remember, we wanted \$12,000. That means we have got to average \$8 an hour. You have so many patients you will work on for \$6. On the other hand, you will have so many patients you can work on for \$15. You

can have a range of fees, but you certainly should have a fee above what it costs you to operate, or do it for charity. You ought to have courage to get that fee. If you figure that this is a median patient, able to pay you your cost of the median or average fee to give you your expected salary or income for that year, it is going to be \$8. So, it would be \$8 times $15\frac{1}{2}$, which is what you are going to get for your fee for those services, or \$125. That is what the surgeon would charge him for doing an operation. He would charge him \$150, \$75 for services that he rendered, and then he would pay for all these other things. Why shouldn't you have courage enough to get the patient to pay? You don't have to tell him you are charging him per hour for your service. If they complain, just tell him, "My fee is just this part of this." They don't complain when they know where they are going. But if you are going to give away 13 hours and charge \$150 for services which wouldn't cost you more than \$36, other than the time you spend adjusting a denture, and so forth, you have not got your fees on the right basis.

So, \$125 plus \$87.50 would give that patient. It comes to \$211.50.

You have your established fee there. You know that you have got to estimate the services you are going to render that patient.

In making that examination, you spend ample time to do it. There are many things that come up that you can't anticipate in which you have to change your procedure just a little bit. The better plan and more time you spend on your examination, the less of these mistakes you will have.

In order to offset that, and also to enable you to render better service to the patients, we add arbitrarily 10 per cent to the fee on every estimate. That would make it \$232 in round figures. We don't give him an estimate of \$232, but we tell them that it will be about \$235. That is the figure that sticks in their mind.

If things go well, it is not going to take that 10 per cent, but if you have to make a bridge over or anything else, if you cast the inlay and it fails, and it is not exactly right, if you are protected you will go ahead and do it right. It is human nature if it doesn't go right to say, "Well, we will let it do," because you lose money if you don't. You render the patient better service by protecting these things over which you have no control.

If you have to tell the patient that the fee is going to be \$25 more than you anticipated, because you hadn't added that 10 per cent, where are you? They don't ever remember anything but that first fee you quote them. When you get through, and you find everything is all right, the fee will wind up about \$215. Then they are very happy because they have saved themselves that extra money that they expected to pay. On the other hand, if we have to use it, then you could get a happy medium, but that should be included in all of the estimates to protect you against operative uncertainties that you can't anticipate, no matter how carefully you plan your cases.

That is a method of establishing fees so you are being paid for the only thing that is worth while, your services, and you can't get it by charging for these removal bridges and commercial products that we are selling, prescriptions that we are making the profit on, and not getting paid for our really skilled work.

The really interesting thing about this procedure, as I have done a little work on it, is that no patient objects to paying you a fee for your services if he knows what he is paying for. If we would just first get our principles right and know what we are doing and why, then we would have no trouble. The dentists of America could raise their income from \$6,900 to \$12,000 by just doing the things I am talking about. It is so easy to do—it wouldn't cost you much.

Every patient then could get good dentistry at a fee they could afford. We wouldn't be bothered about this controversy over socialized services because if we were getting our basis right, our concepts right, then we could be paid on a basis so we would know, at the end of the month and at the end of the year just how much we were getting. Then we would start doing the things Frank was talking about—start doing good dentistry for children, good prophylactic service.

That 15½ hours includes the time you gave that patient for examination. It includes everything you did for that patient, on a basis under which you are making \$8 an hour above the cost of rendering that service. You know, if you keep that up for the year you are \$5,000 better off than the men in Atlanta who think they are doing well, and you don't have any complaints from the patients.

I have heard that if you don't have five gripes a month from your patients, you are not charging enough. We haven't had five gripes in our office for five years about fees.

After a new patient is at your office, after you start serving him, then he knows your standards of fees and there is no question about it then. Every new patient knows before we operate, before we render service, what the fees are going to be. If you are going to have an argument with him, have it then and not after you send him the bill. You don't know what their appreciation might be of your services. Having established what we think our services are worth, then we must ascertain whether or not the patient appreciates that.

The only way you can do that is, after you have examined this patient's mouth and given this estimate which you should do for every patient, you then give this estimate of approximate fees. They say, "Doctor, go right ahead and do it." If their credit is good, you just turn it over to your secretary and forget about it.

If they don't ask you what the fee is, what do you do about it? We say, "We are glad to do it, but we think it probably might be best for both you and the office for you to know approximately what is going to be involved in this investment that you are going to make in your mouth." We talked about an investment, not cost. It is an investment, an investment in good health. They don't think about it as a cost—they regard it as an investment.

We tell them all—I don't care who they are, if they are a new patient, even if they are one of the most prominent bankers in town. I found some of the people with the largest incomes have the least appreciation for dentistry. They say, "Doctor, that is pretty high, isn't it?" Right then is the time for you to determine whether or not they appreciate your services enough to be a good patient to your practice, and not wait until you have done all this work and then have the trouble.

You have got to establish these fees and give the patient the estimate, but in order to do that, you have got to first establish your overhead, and you have got to keep a record of hours you work at the chair. When you begin to say, "Next year, I want so much income based on what I did this year," and not, "I am working upon thus and so a week, and my income will be based on that," then you start rendering intelligent good dentistry on that basis. Have the courage to establish the fees along the lines suggested here, and you will be surprised at how easily it will work out.

As I say, you won't have any complaints from patients and you won't be putting \$2,000 or \$3,000 owing you on the books.

I learned these things the hard way. I started in 1923. Incidentally, Wednesday was the 27th anniversary of my practice in Atlanta, general practice. Of course, that was right after the First World War. We had a period similar to the period following this war. Conditions were good. I just stepped right into a good practice. When the depression hit in 1929, and collections fell off, and I owed everybody and had some spots that I hadn't paid for, I began to check up and I had nearly \$20,000 on my books. I charged off about ten or twelve thousand of it, threw it out the window, as an investment in building my practice, and forgot about it.

That is what happens to most young fellows. If I had known these things the day I started, I could have saved myself all that grief. These things should be taught the boys in school, but they are not. Most of them learn it the hard way. That is how I got started.

For the past five years, our collections have been within 99 per cent or 99½ per cent of what we do every year.

You ought to find out what the credit experience is of the community in which you practice, and you ought to set your practice up, if you are going to conduct your business soundly, so your accounts turn over in line with the other credit extending agencies in your community. In Atlanta, the department stores there will extend credit and give three months to pay, on an open account. That means, as a professional man, you are not going to turn your accounts much faster. There is a yardstick for each of us to know when we are getting in trouble. Say that you are doing \$2,000 a month gross. Ask any credit man the credit experience in the city in which you are practicing—how often they turn over their credits, twice a year, three times a year, four times a year. That is the investment in accounts receivable or capital or inventory that you have to carry. That means, if it is three months, you can safely carry \$6,000.

or three months' business on your books outstanding. But when it starts running up to eight, nine, ten thousand dollars, that is a danger signal. Those accounts are getting too old and you are going to lose money.

The people in a community will pay you on the same basis that they are accustomed to paying other credit agencies. They won't pay you any faster. Let that be the yardstick as to how much you carry on your books, and don't let it get above that. Begin to get out on collections by personal contacts, but the best way is by settling before you serve.

You know, we don't have to sell dentistry—I don't mean selling. There are enough people who are getting it, but more want it than we are able to serve. All we have to do is serve them on a basis that will be mutually profitable to them and to us. Dentists are giving away a tremendous amount of service.

You know, it is a rather interesting thing to note that in 1948, in this country, the United States, the total health cost of the American income was 4.1 per cent. They spent 4.6 per cent for alcoholic beverages. Of that 4.1 per cent, which covered hospital cost, physicians' services, drugs, supplies, the dentists got .5 of 1 per cent. That was the amount we got out of it.

It is rather interesting to see how the people get the things they want. There are enough people who want your service, want dentistry, want good health care and are willing to pay us for it, and we would be much better off and they would get better service at a better fee, if we were sufficiently intelligent, or interested, I should say.

The more you know about those things, the more you are entitled to adequate compensation for it. Of course, dentistry is a profession, but it is also a business and we ought to have courage enough to establish it on a businesslike basis so we can be paid for this knowledge we have and be paid so we can live as we should live.

I have been discussing this in an ambling sort of way, but this is supposed to be a question and answer period.

MEMBER: How much was your overhead in laboratory fees in that average?

DR. GARRETT: When you are charging on the basis of a laboratory fee, letting each patient pay the laboratory fee, then it is a separate item. In our average last year, the laboratory fee was 12 per cent of the overhead.

You hear people say, "I am running my office at 35 per cent, 40 per cent." The overhead cost worked out last year for this group was 54 per cent. You figure that thing on down. The boys had about 25 cents out of every dollar they earned that they could call their own.

Gentlemen, you are not going anywhere fast on that basis.

DR. MOSER: I have several questions which have been handed to me. Of course, he has already touched on most of those, but there is one question that is of vital interest to all the fellows that he has not touched on. That is this:

"Why are our dentists constantly changing assistants? Do you believe in a salary basis, commission basis, or both?"

DR. GARRETT: That is quite a question. The dentist is constantly changing assistants. The turnover in the profession of dentistry is rapid as far as personnel is concerned.

I think that probably one of the first causes is the lack of the dentist in having his personality traits under control. That is probably one of the first things.

The second is not selecting the right type of girl for what you expect.

The third, I say, would be lack of adequate training for the girl as to what you expect of her and detailing to her the duties you expect her to perform. In other words, there is a division of responsibility, and you may not have your practice systematized. As I stated yesterday, it is the dentists' responsibility to establish the system of practice management in his office.

It is then his responsibility to select personnel who will carry out his instructions, and if they don't do it, change them and get somebody who will.

I think that the reason we change so often is first, we don't have our personality traits under control so we can manage people, so we can get along with them. There is too much friction. We work under pressure; we become cross and irritable and nervous, and if any mistakes are made, we vent our displeasure on our office personnel. Unless they are very understanding, they resent it, and that is a reflection on us. It is just the fact that we don't have our personality under control and it creates dissension.

I was talking not long ago with a hygienist who came to me for a position from another state. She was in the office with one of my friends. His other associate I don't know. I asked, "Why are you leaving?" He had a wonderful practice in New Orleans. She said, "I am crazy about Dr. So-and-So, but his associate, when he is in the office, keeps us all upset constantly." You see—lack of personality control on the part of one of the dentists in the office upsets the whole equanimity of the office, and that happens all the time.

The thing is, first have yourself under control, then select the right type and detail her duties as to what you expect her to do. Train her to do them, and give her adequate compensation.

I think compensation is another great factor in keeping help. I don't believe that we pay the girls sufficiently that work for us. They are capable and they are loyal, and if their attitudes are right, they are worth whatever we pay them, and we ought to pay them better than we do. They will be worth it if we detail and delegate to them all the things they can do for us.

As I told you, in running an efficient office, you ought to delegate to someone else everything that they can do that will relieve you so you can spend your time doing the only things you can do that will bring in the income. In other words, you are the only income producer in that office. When you spend your time mixing cements and talking over the telephone and visiting with patients, doing a myriad of things that someone else could do just as well for you, you are robbing yourself every minute you do it. You will make money by hiring some efficient person to do it for you. Delegate those duties to them and see that they carry them out and then, as I say, give them adequate compensation for these things.

In order to have an office run the way it should be run, the girl has to be a combination mother, bookkeeper, housekeeper, psychologist, and everything else. They are worth something, and we don't pay them enough.

Don't let these girls know I said that.

DR. MOSER: Our time is just about up, fellows.

On behalf of the North Carolina Dental Society, I want to thank Dr. Garrett for his contribution to this program. I want to say that we are proud of him for the contributions that he is making to dentistry as a whole, and we hope that he will see fit to come back and visit with us again.

Dr. Garrett has a final word to say, and we will be glad to hear from him.

DR. GARRETT: Dr. Moser, members of the North Carolina Dental Society: If I have been able to contribute the least bit to the success of this meeting, I am most happy. Of course, I am most grateful for the privilege of having been here to honor myself and honor Dr. McFall and participate in his annual meeting.

Walter and I roomed together in college. My wife says that when we get together she doesn't know which one is going to strike the first blow, but it is all good natured, and I hope he loves me as much as I do him.

I hope you will have me visit you again because it is a pleasure. I am looking forward to enjoying the remainder of the meeting. Thank you very much.

DR. CHAMBLEE: We have one more speaker this afternoon, Dr. John LaDue, on "Full Denture Work," and I am sure you want to hear him again.

Dr. Garrett, the information you gave us this afternoon and also yesterday afternoon, I am sure, will prove very valuable to us in the future.

The next period will be presided over by Dr. J. Homer Guion of Charlotte, North Carolina.

DR. GUION: I think the high esteem in which we hold our next speaker is evidenced by the fact that we invited him back to North Carolina after he had appeared in all five districts of our State as essayist.

We listened yesterday with a great deal of pleasure to his instructive lecture. It is something that I would say 90 per cent of us are interested in—denture construction. If 90 per cent of us are interested in it, I would almost be willing to bet that 89 per cent of us are having some difficulty.

It is with a great deal of pleasure now that I present Dr. LaDue for our open forum discussion.

DR. LaDUE: I am reminded of a speaker who was at a meeting at which I spoke one day. He was talking about Communism. He said he would answer all questions. He didn't know whether his answers would be right or not, but he would answer them. That is my position today.

DR. GUION: Dr. LaDue, I have one question here with which I will start off the discussion. It was handed to me.

"What type of impression material do you recommend?"

DR. LaDUE: That depends entirely upon the diagnosis, what type of tissue we have. We wouldn't think of using a straight modeling compound impression in a mouth that had considerable movable tissue. There is not enough to justify the certain removal of it, but we certainly would displace it markedly if we were to use that compound impression.

Neither in that instance would I use a wax impression, but I would use plaster or plaster gum or zinc oxide impression, if we have to take a lower denture, and I use that in a great many instances. The impression material I use comes in two tubes, and we don't use a massive amount of it.

We make an impression tray that fits the patient very well, and then, if there are any particular areas in which some relief would be needed, outstanding hard areas, we relieve that in the impression tray. Then we mix our impression material and, with a little brush that you find in the top of a bottle of glue, we paint that on the impression tray.

I don't believe in using a massive impression material which is going to take an impression of everything, pretty near, from the esophagus to the orbit. I want to confine it to the areas involved.

We paint that on, and seat our impression with a minimum of pressure. If, when we remove the base, our impression tray shows through, we take a vulcanite bur and eliminate that contact. Then, again, we paint the entire shelvages with another layer of our zinc oxide material, and reseat it. I do not want to have the pressure of the impression tray against the tissue. As I say, we seat it with a minimum of pressure.

Taking the lower, we seat it, and then we move it. I always have my patient open the mouth as far as possible, lay the tongue up on the impression tray and then remove my impression. Then I get an opportunity to get a picture of this tissue back into a more normal rest position.

In the upper, it is the same thing. We follow the same procedure.

I know a lot of men who take excellent impressions with plaster, also with plaster gum, which is merely plaster with the addition of a few little materials which make it a little bit harder and it sets a little bit faster. It has some gum in it which makes the different particles of plaster adhere to each other, but a little flavoring and a little better color.

But, as I said yesterday, I am not particularly interested in technics. There are certain basic principles, but I believe that every man should use that which works best in his hands. I certainly wouldn't criticize him for using anything. I wouldn't have the temerity to stand up here and say that the way I make artificial dentures is the only way, because there is no royal road to success, and there are a lot of them.

I think this story illustrates the case in hand very well. When we had been married a very short time, we had as a guest a little old lady. Mrs. LaDue makes excellent muffins. The old lady commented on the quality of the muffins and finally asked my wife how she made them. When she got through she said, "That is not the way to make muffins at all." So, there are many ways of doing things.

I am inclined to say that diagnosis, of course, is our starting base. It is our most important.

If we can get a set of radiograms that will give us the quality of bone, that is another great advantage. Some of us deal with the highly calcified type, and we can rest assured that we will give that patient a continuity of service. But if it is a cancellous type, honeycombed as the result of infection and it looks like the radiator of an automobile, we know we are going to get rapid bony changes, and from time to time there will have to be a refitting or re-basing or new dentures.

DR. GUION: Dr. LaDue, do you, in your finished dentures, include all, half, or up to the retromolar pads in your lowers?

DR. LaDUE: I think the retromolar pad is the greatest point of stability in the lower denture. It is our backstop. I always include that, just as much as the patient can retain.

MEMBER: Is plaster contra-indicated in the hard tissue? I mean for an upper.

DR. LaDUE: I believe that it isn't really indicated because we can mix it very thin, and if we spatulate it rapidly we can get rather a quick setting. The faster you spatulate it, the quicker it crystalizes, but where there is any hard tissue in the palatal area and a little bony protrusion, I always relieve my impression tray. So we do not exert extreme pressure on those.

We find many of them that do have to have more relief. If I relieve a denture, I do it with a definite thickness of metal, trimming it up with a digital examination which determines the extent that is necessary in relief. We cut our pattern to suit that area and then I lay that on the bench and, with a scraper or a knife, I trim the edges down to a nice edge and burnish the beveled edge to the cap so we do not get that line of irritation.

Back in the old days when we used to use suction chambers, so-called, you know how it didn't take very long to fill it up with tissue.

When I first went to school, we used to take plaster impressions and used to make plaster casts, in order to get our shield. We gave no particular attention to functional movements, or we tried to make a so-called muscle trim cast impression.

MEMBER: I have a question that has troubled me a great deal in practice.

What should you do with lower ridges that are very sharp, knife-like ridges, with the entire ridge leaning toward the lingual? We realize as they put pressure on that ridge later on, on the denture later on, we are going to have cutting into the tissue on the lingual if not on the buccal side. What kind of an impression do you use for that?

DR. LaDUE: We find some of them with a knife-edge ridge that I wouldn't attempt to build a cast for until that case is surgically treated. I would rather have them flat than have a tortuous ridge.

In many of those instances, you will find that that bony structure is not as thick as your thumbnail. It won't even stand finger pressure, and it certainly won't stand the pressure of a denture.

In cases that are not so markedly sharp—and I learned this not from a dentist but from a man who raises horses. He is a man down in Kentucky, and I was talking to him one day. He had some irritation on the crest of the ridge, and I was talking about the saddle area.

He said, "I don't know a thing in the world about making teeth, but I know a lot of saddles, because I raised saddle horses. If I take a saddle across the back of a horse without a break in the center, he could soon have a sore back."

So, in those cases, I take two or three pieces of 64 burnish, take the crest of the ridge, giving me a break and also a relief. Really, in some cases, it has done remarkable things. In some cases, I have tried to eliminate the soreness, and in many instances that has cleared it up. But it is very, very sharp. When they can't stand finger pressure on them, it is a cinch they will never stand the pressure of a denture. If you relieve those in the same manner, it won't be very long before they will be right on top.

I like to put my pressure, of course, on the buccal. I have a case now we have to construct next month and there is a marked tendency towards the lingual, where the ridges are awfully sharp. I am not worried about that, but in order to put that denture in, he is going to put it back in his throat, put it back and bring it forward.

Dr. Ewell Neiland Bowen of Nashville, of course, has been going a long while, but I spent three weeks with him in 1921. At that time he was advocating the posterior border he extended as far as possible. He even had trays made with wings on them so you take your impression with your fingers, and push it back in and the trays had a split in the center with a screw. You open it up and break your impression and take it out.

MEMBER: A gentleman approximately 45 years old, full lower teeth, tissue fairly firm in the orifice, is exceptionally subject to gagging at times.

The second question is, do you extend to the mylohyoid notch?

DR. LaDUE: There is always that line of demarcation between the movable and soft palate. Sometimes it goes to the mylohyoid line notch, sometimes it really goes over. When you do that and get on that process, you are in for trouble. Sometimes you can't go back that far.

I have patients who are singers, patients who are orators, and I have some that are actors. In those trained voices, you find that that soft palate will wave clear up onto the hard, and you can't place a denture back there because if you put it back on the soft palate, where the palate is movable, you will find the vibration of that palate, when speaking or using the voice, will cause a tickling sensation and, as the result, gagging. You can't get away from it.

In my opinion, I think 90 per cent of gagging is above the ears. I had a patient in Davenport, Iowa, who came to me as a gagger.

We never had trouble with gaggers taking the impression. I tell the patient to breathe through the nose. If they don't, we put our hand over the mouth, and I defy you to gag with your mouth shut.

If your impression material runs over the posterior border and they begin to breathe through the mouth and the soft palate begins to wave, they are going to gag. If they breathe through the mouth, I put my hand over it.

This fellow was a gagger. He didn't gag when we took his impression. Every patient that leaves we have him eat peanuts with a set of teeth. They will do it today, but they may not tomorrow, but in the back of their minds, they always do it. When I put this denture in this fellow's mouth, I gave him some peanuts, and he didn't gag.

Two or three years later I was at Twin City, at the Black Hall Hotel. This man's office was not very far from the hotel, and I walked up. He had a big insurance office. He saw me coming down the hall. He met me at the door and reached around in his pocket and pulled out a little old package of peanuts. He said, "When I feel like gagging, I put a peanut in my mouth."

So you see, that clears it up. It is not in the mouth at all.

MEMBER: In a case of a prominent sharp ridge, is surgery ever indicated?

DR. LaDUE: In my opinion, yes. I worked with Dr. Howard Miller on that extensively.

We have had some cases come in where the condition of the lingual of the lower was terrific. We have those removed, and Dr. Miller does it extremely well. We have had some wonderful results.

Occasionally we find a torus in the upper that we have removed, where they hang very low, because those are very hard. If we put a denture right against them, in a comparatively short time it would be just rocking on that protuberance. If we put much of a relief over it and extend the thickness of a denture, it becomes more prominent and does bother them some.

I was very interested in Dr. Garrett's discussion, particularly the system proposition. I believe that any organization that is successful should have everything connected with it as successful in proportion.

I know he is right, when, in many instances, men with big practices are not paying girls enough. I have been fairly well fixed with my assistants. In the last 41 years, I have had three. I had one 19 years, and she died. I had one 13, and she got married. This one I have had for eight years. She is a widow with six grandchildren. I don't think she is going to get married again.

MEMBER: Which of the acrylics do you prefer?

DR. LaDUE: I think one is just as bad as the other. It is a poor substitute for anything. I am using one that a chemist in Chicago made up for me that is not on the market, but it is about as satisfactory as anything I have used.

There is a definite change in all of them. I tried every cure for 30 minutes boiling to 96 hours curing, and I just can't see any difference. There is one thing about this quick cure repair stuff with the replacement of teeth. It is a godsend because you don't have to put them through a curer. In 25 or 30 minutes, you have got your tooth back and in your material is cured.

I want to talk a little about posterior teeth. I will ask this question myself.

Because I am using a cusplless flat tooth, it does not mean I am using a flat plane, because I never do. I can't conceive of reproducing or having a jaw reproduce its movements on a flat plane because it is moving around a center. It is spherical in principle, but we do use cusplless teeth. They are set on a curve, however, average curve.

I can't conceive of making teeth successful and setting them on a flat plane. A flat tooth does not of necessity mean a flat plane. I have seen these cusplless teeth abused, and lots of them are abused. As a matter of fact, everything in dentistry is abused by some people.

We will take a natural tooth. We have got a horizontal overbite, in natural teeth which protect your cheeks. So, when you use a flat tooth, a cusplless tooth, you must put that some overjet in. A lot of people talk about wide occlusions, particularly talking about geometric teeth, in which I am interested, of course. But if you put an overjet, so-called overjet or horizontal overbite in, you will find your surface contact is minimized, that it protects your cheeks.

With the greater portion we have today, those thin edges broke readily when absorption takes place. When vertical dimension was lost, to a certain extent the relation of the teeth ceased to be in the original position, and there was resistance to movement, and those teeth would break readily.

I showed a picture of them yesterday where I had taken some of the red—it isn't carbon paper, but it is red paper that we use in testing bites, and it marks them better than the dark carbon paper, and the surface contact of that is minimized.

That is one thing we overlook. There is a certain amount of resistance to my finger, but if I put my hand down, there is a thousand times as much because it multiplies as to the square of the diameter. I like to have a minimum of surface contact, which is a factor in resistance to movement.

I talked yesterday about setting the teeth lingual on the mylohyoid line. When I went to school, we were taught to set our teeth on the ridge. Here is the median line of our bony structure. In physics, we are taught that all forces come from a common center and any force applied on the buccal of the median line of the bony structure becomes a lever of the first class and has a tendency to unseat the denture on the opposite side.

If you just do this one thing—here is our mylohyoid (indicating) ridge down here. If we will just set those teeth on the lingual, the molar lingual on the mylohyoid ridge, all of the pressure applied to a lingual becomes a reverse lever and seats the denture more firmly on the opposite side.

The first question that comes up in a lot of minds is, "How about tongue room?" You know, the tongue is a peculiar piece of anatomy, it occupies so many cubic inches of space. It can either be vertical or horizontal. If you give it sufficient vertical opening, you will have no trouble with tongue room.

MEMBER: In respect to that ridge lap, wouldn't it be better if manufacturers would make the lower teeth with the ridge lap to the lingual? In close bites it is hard to set it.

DR LaDUE: This proposition of having room for teeth never entered the mind because God Almighty put teeth in there that occupied more space than a short molar. There is room enough to hold teeth to begin with, and there is room enough to put them back. I never had use for a long ridge lap on a tooth in my life.

You take an upper anterior region, you got a tooth that comes up here (indicating.) You got your root. The old idea used to be to hide artificial teeth and God knows they should have been hidden, but I think a person who looks like they didn't have any more teeth is in a pitiful condition.

You know, the greatest kick I get in going to Grand Opera—I don't know anything about music—is in the intermission. They all get out and walk around. There is a million dollars worth of diamonds, a million dollars worth of clothes, and the damndest false teeth you ever saw in your life.

Most of those people patronize social dentists that belong to eight or ten golf clubs and six or seven athletic clubs, and are an usher at the church.

I can't see any reason for a long ridge lap at all.

I will tell you another thing that is happening. There is over surgerizing in the mouth, because I see so many victims of it.

The ideal mouth is a "U-shaped mouth." You got your seal up here. Your denture has a tendency to be loosened. You have a half dozen contacts around here. When these surgeons who never built a set of teeth will take and cut it off like that, once you let loose it goes all the way down. I don't have so many patients, but when a surgeon takes teeth out for a patient of mine, I am standing right by the chair. They don't build teeth. When gums heal up, their responsibility is over. They don't build dentures. Lots of times they leave non-essential tissue and take out essential tissue. I am going to be right there, because that is my baby and my funeral.

I have had people come into my office with hardly enough to hang anything on. Your superstructure is never any better than your foundation. You have to tell people that, too.

Lots of people object to having X-rays. I just say, "You know, if you are a contractor and you are going to build a building, you have got to know something about your foundation. I am going to know something about mine."

I am not talking about salesmanship; but the biggest thing in salesmanship is independence.

I remember when times were touch and if some customer happened to stray in and I just figured that I just had to sell that case or I couldn't go on, I never sold it. A dog knows whether you are afraid of him or not, and patients know whether you are afraid, too.

It takes a lot of nerve to stand up, when you are broke, and say, "Take it or leave it," but if you have the intestinal fortitude, they will take it.

I don't want to talk dollars and cents, but, by gosh, if it costs me 54 per cent to do business, I would close tomorrow. The biggest year I ever had cost me 26 per cent.

My laboratory time is just as productive as my chair time, and I don't have any laboratory bill. I practiced dentistry 45 years, and I still never sent anything to a laboratory. I am the whole works around my office.

DR. GUION: Will you discuss the acrylic versus the porcelain tooth for full denture processes?

DR. LaDUE: That is not a tough subject.

Some say acrylics have no place in dentistry. You know, to me it is silly. I don't think we need a tooth as hard as porcelain, but we certainly need something harder than 23 which is the limit of the acrylics. Beaten gold has 53, cast gold, 51. Beaten gold is harder than cast gold. I am just talking about pure gold now. You wouldn't make a set of teeth, or you wouldn't put in a big inlay or make a crown out of pure gold. You wouldn't take one of the black rubber spatulas to cut a steak, and that rubber spatula is harder than your acrylic tooth. I have tried them.

I took three big men that had natural lower teeth, a good complement of them. I built three upper dentures, one for each one, and got the reaction. I questioned them closely over a period of time. They said they were comfortable, didn't make any noise, but they just had to put more pressure on to go through food.

I said the other day that I think the greatest catastrophe to edentulous humanity was the introduction into general use of the deep cusp tooth. I think your plastic tooth is worse than your deep cusp. I have had patients come into my office wearing those things a couple of years, and the last molar practically worn right down to the denture base.

I have a banker, a very wealthy man. He said, "I don't like the sound of these teeth." I said, "We can build you some plastic teeth, but they wear out." He said, "If they wear out, give me some new ones."

I would like to have them talk that way. He wore them 18 months.

I don't care how they pay or what his credit is or what he has got, because they are going to pay me anyway. If they don't pay we won't play. I am not going to gamble my time and my money and my efforts against nothing. He is going 50-50 with me, or I am not going. If he won't go, I will find somebody else that will.

I don't get big fees all the time. I think one of the finest set of dentures I ever built in my life was the last case I put in, the last week in April, for a music teacher. I got \$350 for it. My average cost per patient last year was \$297, so I didn't make much on that, but the next guy is going to pay for it.

MEMBER: Would you mind discussing this rather recent, to me, method of vitallium plate with screw inserts into the alveolar process?

DR. LaDUE: I can't discuss anything. I don't know anything about.

I will tell you what I would do. I will eliminate vitallium from anything I do. I use nothing in my office that I can't handle myself.

It has its advantages. It is clean, it is light, it is hard to adjust. Take hold of a pair of pliers and bend the clasp a few times, and she is gone.

I don't care anything about the mystic gold. I don't care about the cost. I tell the patients right along that the cost of the material in a set of dentures is just like buying the paint on a picture. You can give two men some paint. One will paint a picture worth a thousand dollars and the other guy will waste the paint.

I said to one patient, "Did you ever have a belly operation?" I knew he had. I said, "The only material you got from that surgeon was a little catgut and that dissolved into nothing." So we don't consider that on a cost basis.

I just make a cast gold denture.

The vulcanite denture is the best denture ever made. The thing that defeats that is its porosity. Its biggest asset is the adhesion of saliva to the vulcanite denture. Of course, it is much greater than to an acrylic. But the porosity of the vulcanite again defeats your purpose. Of course, it doesn't look well.

I have built three or four lower dentures a year out of vulcanite. I use S. S. Towle denture B No. 17. It is the hardest denture rubber I ever saw. I use it in men who don't show their teeth, in cases that are liable to warp.

I told Prior during the last Chicago dental meeting, when we were talking about his injection method—I said, "If you will take a lower denture that has no undercut, that you can box them on a cast, put that in a patient's mouth for a year, and if you can put it back on the cast so it fits, I will buy you the best hat you ever wore."

You can do that with vulcanite over a period of 20 years because there will be no bulk change in that material.

Of course, it doesn't look like anything. People are more interested in looks than anything else.

There are three things we shoot for with artificial dentures—comfort, appearance and efficiency. Comfort is the most essential, because if they are not comfortable they won't look very well and they won't be very efficient. But there is about an equal division between efficiency and appearance. We all want to look just as well as we can, but I wouldn't wear a toupee.

MEMBER: Would you mind going into the setting up and filling in, in order to obtain a balance in your denture?

DR. LaDUE: Surely. When we set them up, be sure we do not set them up over the perimeter of the tongue, then adapt them to an average curve. The 4-inch curves are very, very rare.

After the case is finished—and I use a split cast proposition—and after the cure, I put them back on the articulator and just take and get them down to my original vertical. That is the only articulator step that I do, and I don't always do that.

Then, I put carbon paper over the entire surface of the lowers, the posterior and anterior teeth, and add the molars. Then I take an amount of stone and I eliminate all the contacts from my anterior teeth. Then I place carborundum paper in there on all the surface of the lowers and have them chew, and in just a few moments, that arbitrary curve with which they started becomes a composite peculiar to that particular jaw, and they do balance in all positions because they are in constant contact whenever they come together.

With cusps, it is an entirely different problem. When you use cusps, you must have an overbite and a compensating curve gives a little more depth than the depth of the deepest cusp, so that when we move into lateral and the cuspids come in contact they should be diametrically con-

stant on the opposite second molars. When they come forward, they must be constant on the molars, because balanced occlusion is necessary when function is over. When we go through a morsel of food and the teeth don't contact, there must be a balance if they are going to be satisfactory.

Of course, there is the psychopathic part of this, and I don't believe we have very much control over it.

It was not very long ago a man from a little town where I used to practice came in to see me. There is another dentist there now. He said, "I have just got the best set of teeth ever made. I can chew just anything." I said, "Let's find out what you got." I took some strips of carbon paper and with every move you could make, we could only get seven points of contact, but he wore them and he was happy, and I didn't tell him that I didn't think they were any good, because he knew better. Who am I that I should tell him?

I have built teeth for people, put everything I had in them, balance and appearance, everything I could put into them, and they wouldn't wear them. Yet there are many wearing a \$25 set of teeth and getting along fine.

It is just that some people would pay you and wouldn't pay me. There is a psychological factor in there that I know very little about, just as there is a biological factor over which we have no control.

I wear them myself. There isn't a position that I go into that I haven't got balanced contact except in the anterior, and when I come forward I do not hit my anterior teeth. I want just enough room so I can draw a piece of carbon paper in between. When I come to the incision position, I still have contact in my posterior teeth. I don't know how you are going to get a compensating curve any other way.

Of course, you put them on an articulator and the movement of the supporting tissue will apparently give you balance. I don't believe you can visualize balance, but the patient can tell you whether they are balanced or not.

MEMBER: What is the tooth that you use?

DR. LaDUE: Donahue said that he had a Greek down there that he built lots of teeth for. The Greek came in one day and he said, "You know, Doc, I can eat anything with those teeth. I like peanuts, and I can bite a peanut in two, chew on it all night, and never catch it between my teeth."

That is a geometric tooth, as I say I hesitate to talk about because I carry it. That is the Dentist Supply—geometric tooth.

Dr. Abe Safer was a student of mine in college. His was one of the keenest minds I have ever come in contact with.

He came up to the office one day and said, "Dr. LaDue, I have heard you talk a lot of times. I know you are not satisfied with the teeth you are using." I said, "You are right." He said, "I have some ideas and I know you have. Let's see what we can do."

That was in 1937, and we carved a bushel of teeth, and I mean a bushel, too.

Finally, we decided on a certain type and we turned it over to a man who made it and murdered it. Then we took it away from him and turned it over to the Dentist Supply Company, and they are on the market now—the geometric tooth.

It has never been advertised to speak of. We had a few ads out recently. Most of the time they haven't even shown it at dental meetings, but I know that they are being used more and more. I am not particularly pushing them, but that is what I have used, and I have used them since 1938. I haven't used a cusp tooth on the full upper and lower since December of 1928. I know that I have been able to deliver a much more satisfactory service to that portion of humanity that I have to serve.

You know, Harry Bosworth said that if dentists were as careful in choosing their patients as patients are in choosing their dentists, they would be a whole lot happier. Harry Bosworth did a lot for me. He always talked better fees and better service.

I think that this man James from Cleveland gave a talk on the business side of dentistry, one of the best I ever heard, and he never mentioned money. He talked about the way to acquire a practice, your social, your family connections—how a wife could either help or hinder you. Some wives have hindered men in their practice.

We don't do everything for money, but we have to live. I don't believe that finances is the only basis on which to judge success, but I believe that a man going through life must accumulate enough competence so that when he can't work any more, he should be able to take care of himself without going on relief. You would be surprised at the number of dentists who live on relief from the American Dental Association. It would just knock your hat off. It did mine.

That has nothing to do with denture service.

DR. GUION: Are there any other questions?

DR. LaDUE: I just want to say I have enjoyed myself. I appreciate the honor of having been on your program. I have met a lot of fellows and I like every one of them.

There isn't a soul in this world that I have hard feelings for. The only trouble I have ever had in my life was above the ears. I would like to live my life over and live every day as I have lived it. When you get the best part of a bargain, you better hang onto it.

I just thank you for your attention. I certainly would like to know you better. If you happen to get to Chicago, I am never too busy—come up and see me.

DR. GUION: Thank you, Dr. LaDue. I will turn the meeting back to Dr. Chamblee.

DR. CHAMBLEE: Thank you very much, everyone. The meeting is adjourned.

(Meeting adjourned.)

ANNUAL BANQUET

Friday Evening

The Annual Banquet of the North Carolina Dental Society was held in the Crystal Room of the Carolina Hotel, Pinehurst, North Carolina, Friday evening, May 19, 1950, Dr. Walter T. McFall, President of the Society, presiding.

PRESIDENT McFALL: Ladies and gentlemen, we will have a short benediction.

Our gracious Heavenly Father, we thank Thee for the North Carolina Dental Society, for its membership, and for those who work in Thy name and under Thy guidance to do those things that Thou wouldst have done here and now.

We thank Thee for our essayists and clinicians, for all of those that have done these deeds in Thy name.

Bless this meeting together tonight and our election tonight, and may we continue to have in North Carolina leadership and a life that is pleasing to Thee, in the name of the common Father of us all. Amen.

The favors that each and every one of you have before you tonight were obtained from the respective people whose names they bear.

(President McFall then presented those seated at the head table.)

PRESIDENT McFALL: Now, my friends, we come to a very decidedly touching part of our program, one of the lovely things done in the North Carolina Dental Society where honors gravitate to the man who deserves them.

At this time I will turn the program over to Claude M. Parks, Chairman of the Testimonial Committee for this beautiful occasion.

DR. PARKS: President Walter, members of the North Carolina Dental Society, visitors and guests.

It is a real pleasure and privilege to have a part in honoring one of the most beloved and respected members here tonight.

We always like this part to come as a surprise, but I am afraid he has become a little bit suspicious and thinks that probably something is going to happen.

Be that as it may, surprise or no surprise, we are happy to honor a man who has given 50 years of his life to the practice of dentistry in North Carolina. We are happy to honor him at this time.

Now, I should like to honor the Committee which has worked with me in planning for this part of our program.

Those who are here, would you please stand? They are Dr. George Waynick, Dr. David Holcomb, Dr. Vernon Cox, Dr. Phillip Melvin, Dr. David L. Beavers, and Dr. J. C. Farthing. As explained in our program here, all of these men at one time or another, were associated with our honored guest. Dr. Farthing is with him at the present time.

I think with what I told you and with what you have seen in this program, you know of whom I speak. I should like for Dr. J. C. Watkins to please come forward. (Applause.)

Dr. J. C., let me congratulate you on what I might call your Golden Anniversary in dentistry.

Folks, I would like to tell you just briefly and as rapidly as possible of the honors that have come to him in the past years.

Joseph Conrad Watkins, A.B., D.D.S., LL.D., Sc.D., F.A.C.D.; born in Yadkin County—shall I tell them when?

DR. WATKINS: Go on—tell them.

DR. PARKS: November 27, 1873; A.B., LL.D. from Wake Forest College in 1897; admitted to the North Carolina Bar in 1898; D.D.S. degree, Baltimore College of Dental Surgery, University of Maryland, May 2, 1900; began practice in Winston-Salem, 1900; Doctor of Science, Wake Forest in 1922; F.A.C.D.—you all know what that is—in 1925; Secretary of the North Carolina Dental Society in 1889; President of the North Carolina Dental Society in 1909 and 1910; Chairman of the Organization Committee of the Second District Dental Society in 1921; Chairman of the Oral Hygiene Committee, North Carolina Dental Society, 1910 through 1920; (Dr. Watkins was really the father of the Oral Hygiene Department of the State Board of Health, Dr. Ernest Branch's Department) Treasurer of the Southern Academy of Periodontology in 1923 and '24; Secretary, Southern Academy of Periodontology, 1924 and '25; President, 1926-1927; Chief, Dental Staff, City Memorial Hospital, Winston-Salem, 1937 through 1942; Professor of Periodontia and Clinical Dental Surgery, Palmer Gray School of Medicine since 1941; Life Member, American Dental Association, American Academy of Periodontology, Southern Academy of Periodontology, and Second District Dental Society; President of the Second District Dental Society, 1942; listed in *Who's Who of America*; member, Winston-Salem Rotary Club; Deacon, First Baptist Church, Winston-Salem.

Can you imagine all that happening to one man in the short space of 50-some years?

I should like to call Dr. Martin Fleming to present Dr. Watkins with a gift.

DR. FLEMING: One of the old prophets of the Bible said that "a good name is rather to be chosen than great riches." You were fortunate to have inherited that good name from a worthy father, who not only helped organize this Society but by high ethical standards helped to maintain it. You too have carried on with this same zeal for a period of 50 years. It is not given to many of us to serve this long.

In recognition of this half century of devoted service the Society has asked me to present you this watch as an expression of the high esteem in which you are held by your conferees and to say to you, that with it goes the love of each and every one of us.

May you live long and prosperously. (Applause.)

DR. WATKINS: I just don't know what to say. I never had such a surprise in my life. It is a surprise. This is one of the biggest surprises that I have ever had in my life, and I don't know what to say.

I don't know how to say it, but I do say that I thank you from the bottom of my heart. (Applause.)

DR. PARKS: Dr. Watkins, allow me again to congratulate you on 50 years of service to the dental profession and wish you God speed as you begin your fifty-first.

I have two messages, addressed to Dr. J. C. Watkins.

"We, the University of Maryland, are very proud of your splendid record. As a member of the great dental profession and as an alumnus of this University, I congratulate you on the honor your conferees are doing you and wish for you many more years of success and happiness.

H. C. BURKE, *President of the
University of Maryland.*"

Then, I think we will all appreciate this one:

"Dr. J. C. Watkins,
Pinehurst, North Carolina.

Dear Dr. Watkins:

The faculty of the Baltimore Dental School of the University of Maryland joins me in extending to you its hearty congratulations for the recognition your State Society is giving you. You have done fine work for the people and for the dental profession in your State. Your Alma Mater looks upon you as typical of the professional person it would like all its graduates to be.

Of this Fiftieth Anniversary of your graduation from the Dental College, we congratulate you and wish you many more years of success.

BEN ROBINSON (Dean)"

PRESIDENT McFALL: I am sure all of you join with the rest of us with a quickening on the left side of the chest as it is our privilege to see one of God's noblemen honored as has been done so beautifully tonight.

(President McFall then presented those seated at the second table.)

PRESIDENT McFALL: Ladies and gentlemen, we will get in very shortly to our elections, but I want those of you who didn't get to hear our next speaker last night to meet him now. We shan't take too long to introduce him because so many of you have met him personally.

We asked John instead of talking about the University of North Carolina School of Dentistry, to come tonight and share his experiences with us just as if he had been fortunate enough to have been born in North Carolina, to have grown up here where people grow up better than any place in the world, live longer, do more, get more done, than any place in the world. John has just one fault — he occasionally slips and says, "Ca'lina," but I think he will finally learn that this beautiful State — C-a-r-o-l-i-n-a, is supposed to be pronounced Ca-ro-li-na.

I present to you the new Dean of the School of Dentistry at Chapel Hill, Dr. John C. Brauer.

DR. BRAUER: Members of the North Carolina Dental Society, distinguished guests, ladies:

I have been to many, many different societies over the country. I have been privileged to go all through Canada and this country, but nowhere, at one time, have I seen more lovely ladies than I see here this evening. (Applause.)

Dr. Watkins thinks he may be well along in life. He has accomplished much.

You know, not so many years ago, I was in Baltimore. One evening I was sitting at a banquet table there and sat down with a very young gentleman. His name was Dr. Luckey. He was 91 years of age at that time. So, I said, "Dr. Luckey, your eyes are just as clear as mine, your hands are just as steady as mine. What makes you so young?"

"Well," he said, "maybe it is because I go to all of these dental meetings. Maybe," he said, as he pulled out a big black cigar and started smoking, "Maybe that is what keeps me up."

Not so very long ago, there was a very fine gentleman. His name wasn't Amos Bumgardner, but he is a gentleman who also loved dogs very much. He had a very fine hunting dog. He took this dog in to a veterinarian and said, "I want this dog's tail cut right off short." The veterinarian said, "I can't cut it off flush. We have ethics in our profession, and I can't take this beautiful dog and cut his tail off."

The man said, "I just must have it cut off. If you won't cut it off, I will have to go to some other veterinarian."

The veterinarian said, "Why do you want to take this beautiful dog that I think so much of and cut his tail off flush?"

The man said, "If you have to know it, I don't want any sign of cordiality around this house when my mother-in-law comes." (Laughter.)

The other day I was deeply touched. I received a letter, and with it was a \$1000 check, a check that represents so much. It represents far more than the thousand dollars. The signature on the check was from your friend and mine, Fred Hunt, the Secretary-Treasurer of this State Dental Society. (Applause.)

Fred said this:

"I would like to establish this fund, this Sally A. Hunt, Dental Student Loan Fund in memoriam to my mother who was the late Sally A. Hunt and who was born in Nash County."

I know of no finer tribute that a son could pay to his mother, Fred, and I am sure—yes, I am a little bit old fashioned—but I am very much convinced that your mother is here tonight in spirit and that she is proud and happy of the memory which you have accorded her, Fred. We all appreciate it so much. I am sure, as the days and the months roll on, there will be other such memorials established.

I told you about that telephone call I was privileged to receive one evening back in 1936 from Atlanta. I was in Lincoln, Nebraska at the time. On the other end was Walter McFall. Walter said, "You don't know it, John, but you are coming down to Atlanta and you are going to direct the Delos L. Hill Junior Memorial Children's Clinic."

I did go to Atlanta and one of the real privileges that I have had has been meeting one of the finest characters, one of the finest, noblest women that I have ever met—your friend and mine, Mrs. Hill. (Applause.)

Walter said, not so very long ago, "Johnny, I would like to have you tell something about yourself and to let the fine folks of North Carolina know about where you were born and, well, something of the things you have been doing. You tell them something about yourself."

I am embarrassed, indeed, to try to tell you something about myself, but I said, "Walter, if that is what you really want, I will follow through."

I was born in the State of Nebraska about 1905. It was on a farm, to be sure. My grandparents, by the way, were German folks. My granddaddy was in the German Army—that is, disciplined in the German Army. So, believe it or not, until I was 12 years of age, I didn't know the good Lord could understand anything but German. I prayed in German, and I thought that all the folks who were praying in English or whatever language they used, just didn't have any chance to ever gain the Pearly Gates.

One day my granddaddy said, "John, if you really want to go to college, I want you to be a German Lutheran minister." I said, "Granddaddy, I don't want to be a minister."

"I will send you to college, pay your way to college, if you will just be a German Lutheran minister." I elected to take dentistry, and I never got one penny from my granddaddy because I didn't follow the ministry.

At the University of Nebraska, I had to work most of my way through because they didn't have so much money in those days. As a matter of fact, I don't have any now.

Anyway, I have had the privilege of pitching a lot of baseball. I earned a good bit of my way through by pitching baseball in the semi-professional leagues in the Middle West.

Then, in the wintertime, I officiated at college basketball on the college circuit. So, I have traveled all over the Middle West officiating at basketball.

A lot of folks know me only as a basketball official, and in certain areas folks know me only as a baseball player.

I don't play any more baseball. I can't play any golf—I do attempt to shoot a few divots now and then.

Then I graduated from the University of Nebraska and I moved out to Orleans—not New Orleans, but Orleans, Nebraska.

That is a town that was almost a thousand—almost. There we had a family by the name of Underwood. We really prayed in that city because we hoped that one day we would have a thousand. If any of you have ever lived in a city that was almost a thousand, you know that you hoped one day you would get over that mark. The Underwoods went to work and had 22 children in one family. We never got to that thousand mark while I was there.

Once back in 1930, I received a telegram one day. It said, "I would like to have you report for an interview at the University of Nebraska."

I did that very thing, and for six years, I spent time in the field of operative dentistry, teaching operative dentistry, primarily in the area of goldfoil.

I then went to Atlanta and spent the years of 1936, 1937 and 1938.

I have always been interested in names, by the way. One day while I was there, a little lady came to the children's clinic, the clinic that Mrs. Hill has established. The little lady came into that clinic with four children.

One of the very first things we generally ask folks who come in is "What is your name? How do you spell it?" and so on. She said, "P-r-i-v-y." I said, "Pr-eye-vy"? She said, "No—just plain 'Privy.'" Then she said, "These are my four little Privy's around me."

From there, we went up to the University of Iowa in Iowa City, and then on to Washington, D. C.

Back at the University of Iowa, I had a young gentleman in my class. That young gentleman had played one of the most significant roles in World War II. His name is Dr. Moyers. Moyers was a student at the time and worked most of his way through school. One of the things that he liked to do was to ride a horse.

He was inducted into the service and one day he found himself over in North Africa. They were having a horeshoe contest in between shots and so on, and finally, he decided to ride. He said, 'I would like to ride one of those spirited horses.' He did, and did it very well.

The Colonel walked up and said, "Young man, are you married?" He said, "No." "Well," he said, "anybody who is damned fool enough to ride that horse, I have got a job for him."

So, Moyers was taken out of the Army Dental Corps and was placed on the OSS, Office of Strategic Service. He was then trained for some months in the areas of secret services.

One night he and four non-commissioned officers were flown over the German lines into Greece. Back of the German lines he was, for some 17 months, living like a guerrilla, sleeping in the same grounds, ate the same food. There are some stories regarding the English officers and Russian officers that were also back of the German lines, but we don't have time for that.

Moyers slept and ate and lived for some 17 months, and on a radio which had been parachuted down to him, he had continuous contact with Cairo. During this interim, he would radio Cairo and ask them to fly over medical supplies. That was done.

There is a marvelous story, one of the most fascinating stories that you have ever heard of this man named Moyers. Finally, the American troops went into Greece and Moyers was liberated. There were four newsmen there at the time. "People like to have your story," they said. "We would like to publish it in a book" Moyers said, "I am not ready. I have to report first to the Washington Office and OSS, and then I will know what material I can release."

When he got into this country, a firm up in New York got in touch with him and said, "We know your story and background. We will furnish you some writers if you will give us the story that is allowed. We will give you a check for \$10,000." Moyers did accept the check for \$10,000 for this particular story.

One of the jobs I had in the office of the Surgeon-General was to set up publicity. Over my desk went all publicity during the time I was there for some three years. At that particular time, I was trying to get a radio show on for dentistry. It wasn't difficult to do so for the nurses or the physicians, but they told me that dentistry didn't have any dramatic aspects.

Finally, I found this chap Moyers, who was walking the streets of Washington, D. C. I called up the radio branch and there we placed Moyers. He had one of the most thrilling radio stories. Now, of course, they are interested in making his story into a movie.

Moyers does have one of the most thrilling stories of any dental officer of today. He is also the most decorated officer, decorated by many of the Governments, including the British Government, and of course, our own.

Back in 1932, I met a very, very fine young lady and married her. She is a lady that I am sure all of you would like to know, and I want her to know you. Her name is Dora Lee.

Dora Lee has, since 1932, been a champion of Yours Truly. She has helped me in so many, many ways. The things that I have been able to do in a small way in many instances, and the things that I have been privileged to do have largely been because of her inspiration.

She will be here sometime early this summer. So, sometime early this fall, or, as the days roll on, I want you to know her. Her name is Dora Lee.

I have had many, many privileges in dentistry. I owe dentistry so much, and I have dedicated my future to the teaching of young men in dentistry. I would like to inculcate it into the philosophy, the thinking, of the young men, the young men that will one day be by your side and take your place in dentistry, the place that you have occupied as leaders in dentistry.

I think we should instill into those young men the responsibilities that are theirs, professionally, ethically, and socially. I would like to see more Ennises, I would like to see more Watkinses, I would like to see more Bumgardners, and Linebergers and Walter McFalls, and so on—many of you that are sitting around these tables, distinguished folks. I want to see more emanate from the University of North Carolina. I dedicate my life to that.

I was flying in a plane not so very long ago. I was going back to the West Coast. On this particular plane was a dentist, a dentist who had cliniced all over the West Coast and had two sons on this particular plane. He came up to me and said, "You are Dr. Brauer?" I said, "Yes." "I'd like to have you meet my two sons. This boy, 15, is going to be a physician, because he is the smart one in the family. Here is another young boy, 11 years old. He is going to be a dentist." This man, the father, said, "This young man isn't smart enough to be a physician."

This dentist on a plane filled with these folks left me stunned because he was a man who had been eminently successful professionally and financially. What went through these young boys' minds—these young boys at 11 and 15?

I love dentistry. I love it more than anything else that I know, and Mrs. Brauer agrees with that, of course. I am proud that I am a dentist.

One day, not so very many years ago, Knute Rockne was sitting beside his football team in a wheelchair, not because he wanted to but because he had to. Knute Rockne had all the famous physicians come to see him to find his primary source of infection. Finally they took out one infected molar, and Knute Rockne got back up to directing that very fine football team.

I had another very unusual experience back in the Middle West We had Charlie Bryan, the brother of William Jennings Bryan. Charlie Bryan was made Governor of Nebraska for the second time. Soon thereafter he was put down in the Governor's mansion. He was there week in and week out. Charlie Bryan had a very weak heart, and they knew he had a primary source of infection.

They called all the fine famous physicians from the Middle West to the Governor's mansion. Finally, a friend of mine by the name of Slim Warren of Lincoln—some of you may know him—went to the Governor's mansion and finally suggested the removal of one and finally seven infected teeth.

Charlie Bryar got up before the Nebraska State Dental Society not long after that and said, "Gentlemen, I owe my life to you."

Thank you so much for the privilege this evening.

(Applause.)

DR. CLYDE MINGES: Thank you, Dean Brauer. You have only been here just a few weeks, and you have already a firm place in the hearts of the members of the North Carolina Dental Society.

We are to a man, behind you and we are proud and happy and fortunate to have you come and be with us. We are your to comand if we can help you.

Now ladies, and gentlemen, I have a very pleasant task to perform.

Walter, will you stand up over here?

Walter, only once in a lifetime is any man privileged to receive this emblem that I am about to present to you. Your many contributions to dentistry over the years have truly earned for you the right to wear this badge of honor. This meeting here on this occasion bears solid testimony and pays tribute to you for the year's work that you have done and the many hours of sleep that you have lost in order that we might have this meeting.

I know that everyone within the sound of my voice joins with me in rejoicing with you at this honor that has come to you.

Walter, I have no hesitancy in presenting this to you. I know that you will always wear it with credit to the great profession that you have so nobly worked for and made great. (Applause.)

PRESIDENT McFALL: Dr. Minges and lovely ladies and gentlemen:

I have had many compliments during this meeting. I have had the privilege of serving with the grandest group of boys and girls I have ever known.

You know, I am kind of itinerant because I stopped in South Carolina, couldn't make a living down there because of the boll weevil, went over to Georgia and they started to give me my license there, and one

of the Board members said, "No, I don't like what this boy looks like." Then Oren wanted me to come up to Tennessee to break up Tennessee. I tried that for four years and then, in 1939, Oren said, "I know when I have had enough—go over to North Carolina."

So, I came to Asheville and bought a burial lot, and I am never going to move any more.

So, it is a happy occasion. I asked that Clyde make this presentation, not because he is the Past President of the A.D.A—I never yet thought of him that way. Clyde Minges' daddy wanted him to be a Lutheran minister. You know, I think we have more misplaced Lutheran ministers in dentistry than anywhere.

Clyde has had grand honors come to him, and I have been in his presence to see him receive a lot of them, as he did at San Francisco. I have often said that if I could be half as good as Clyde and have as many folks love me for what I am and what I am trying to be and trying to do as Clyde has, that would be satisfactory.

So, Clyde, I will do my best to wear this medal as you have worn yours. I am looking like you every day—I can feel my figure pushing out. If I come to many meetings at the Carolina Hotel and eat these three meals a day because I paid \$22 plus 11 per cent war tax, then I am going to look like Clyde. I hope my hair is just as white and my face gets just as red, and I love folks just as much and that one of these days you folks in North Carolina will love me like you do Clyde. (Applause.)

I want to take this occasion to thank each and every one of you for all of your patience, for all of your understanding at this meeting.

(Banquet session adjourned.)

Friday Evening Session

The General Session was called to order in the main ballroom of the Carolina Hotel, President Walter T. McFall, presiding.

PRESIDENT McFALL: Ladies and gentlemen, we will now have the annual election of officers.

I am sure most of you have the Constitution and By-Laws, and I want to read it to you so everybody will understand what we are going to do. Section 1 of Article IX says:

"The election of officers shall be the order of business at 8 o'clock in the second evening of the Annual Meeting, and shall be a general session." Section 2, page 21 of Article IX:

"The President shall appoint three tellers whose duty it shall be to divide the meeting hall by a temporary partition provided with a stile, through which all members shall pass, one at a time, voting as they pass through; (2) To keep accurate count of the number of members passing through the stile and to count the ballots and announce the results.

"Should the number of votes be greater than the number of members passing through the stile, the election shall be declared void. A majority of the votes shall be necessary for a choice, the name of the candidate receiving the lowest number of votes being dropped after each ballot until a candidate shall receive a majority of votes cast, provided should there be but one candidate, the vote may be by acclamation."

Is Dr. Roy Pridgen in the house? Dr. Pridgen is Chairman of the Constitution and By-Laws.

Roy, you have served as Chairman of the Constitution and By-Laws for several years and this year. Amos is President-Elect of the North Carolina Dental Society elected by you gentlemen: Dr. Walter Branham is Vice-President, elected by you gentlemen; Fred Hunt, Secretary and Treasurer, elected by you gentlemen; and myself as President, elected by you gentlemen. We have run the North Carolina Dental Society with the help of the Executive Committee this year, and we propose to try to run this to your satisfaction tonight.

So, I am going to ask Dr. Ralph Falls, Dr. Milo Hoffman and Dr. Emil Cherry, to line up the men in the back of the hall and have them march down this aisle.

Fred has some ballots that were for last year's election. I have never seen one of them up to this minute. You will be given a ballot at the back of the hall on which to vote.

Fred, can they vote only for one man at a time, or do you have enough ballots if we have five or six elections.

SECRETARY HUNT: The ballots are different colors. These ballots are similar to those formerly used by the American Dental Association in the election of their officers. Dr. Fred Hale had them prepared last year and it was not necessary to use ballots.

On these ballots, you will find a place for your name and your district. When you open the ballot you will find a place for the name of the person for whom you wish to vote. Place that name on the ballot, close the ballot, put your name on it and seal it, and turn it in.

PRESIDENT McFALL: That name should be checked against the roll of the North Carolina Dental Society to see if your dues are paid. There is no identification as to how you vote, because your vote goes in one box and your name goes in another.

Any other questions?

It is sealed up. Nobody can see who you voted for at all. Your name is on the outside, torn off and handed in when you drop the vote in. Does everybody understand?

MEMBERS: Yes.

PRESIDENT McFALL: We will now open nominations according to what the Secretary-Treasurer has for us to do on election.

Fred, what is your first office?

SECRETARY HUNT: President-Elect.

PRESIDENT McFALL: Dr. Hunt reports the office of the President-Elect is to be filled. I will now hear nominations.

DR. MINGES: Mr. President, fellow members of the North Carolina Dental Society:

I have the privilege this evening of being allowed to present to you the name of a man for your next President-Elect.

I have known this man since boyhood, certainly since boyhood, I mean. I have been intimately associated with this man.

I think just a few words perhaps would not be remiss in telling you something about him. This man worked his way through school. He helped his mother. As soon as his classes at dental school had ended, he caught the first train for Rocky Mount and secured a job in the railroad shops and worked eight hours a day. After that eight-hour tour of duty was over, he came up town and secured a job in a drug store and worked about four hours additional at night. He has been eminently successful as a man, as a dentist, and as a citizen of his community.

I had the good fortune to practice in the same office with this man for more than five years. When he decided to go out on his own and open up an office in the town in which I was practicing, as one of my contemporaries, I knew that it would be impossible for him to think of all the things he would need to practice dentistry.

In his case, as much as I have tried to do with every other dentist that has come to Rocky Mount, I told him my office was open.

I want to say to you that I have had the opportunity of observing this person all of that time. He has been faithful and he has worked as Secretary for the past three years of this organization. I think he has served as an inspiration not only to the younger men, but to us older men as well. I want to say to you that I have never seen a job entrusted to this man that he did not give a good account of himself.

I am honored and privileged to be allowed to present to you this evening for your next President-Elect, Dr. R. Fred Hunt of Rocky Mount, North Carolina. (Applause.)

PRESIDENT McFALL: Ladies and gentlemen, you have heard the nomination placed for Dr. R. Fred Hunt for President-Elect.

Are there other nominations?

DR. R. F. JARRETT: I would like to second that nomination and at the same time move that we elect Dr. Hunt by acclamation.

DR. MOSER: I second that motion. (Applause.)

PRESIDENT McFALL: Dr Hunt has been seconded by Dr. Paul Fitzgerald, Jr., and Dr. Ralph F. Jarrett.

Dr. Jarrett has moved that nominations be closed and we elect Dr. R. Fred Hunt as President-Elect by acclamation, and that has been seconded by Dr. Everett Moser.

(The motion was put to a vote and carried unanimously.)

PRESIDENT McFALL: Fred, that ought to show you, son, what the fellows of the North Carolina Dental Society think about you.

So, I shall call on the President-Elect of the North Carolina Dental Society who will have the pleasure of working with Fred for another term, to come forward and cast the unanimous ballot of the North Carolina Dental Society for Dr. R. Fred Hunt as President-Elect.

PRESIDENT-ELECT BUMGARDNER: Thank you, Walter.

It gives me peculiar pleasure to cast the unanimous ballot of this organization for the election of our beloved Secretary-Treasurer to the place of President-Elect. I thank you.

PRESIDENT McFALL: I will now hear nominations for Vice-President of the North Carolina Dental Society.

DR. M. H. TRULUCK: It gives me a great deal of pleasure to place in nomination for the office of Vice-President of the North Carolina Dental Society, the man who has been a member for 31 years. He has served as President of the First District. He has served dentistry in every respect as far as his personal ability is concerned.

He has never wanted or asked for anything, and he doesn't want this, but I feel that it is an honor he deserves.

I would like to place in nomination the name of Dr. C. A. Pless of Asheville, North Carolina. (Applause.)

PRESIDENT McFALL: Dr. C. A. Pless of Asheville has been nominated for the Vice-Presidency.

Are there other nominations?

DR. Z. L. EDWARDS: I move the nomination be closed, the rules be suspended, and Dr. Pless be elected by acclamation.

DR. N. P. MADDUX: I second the motion.

(The motion was put to a vote and carried.)

PRESIDENT McFALL: I will ask the former Secretary-Treasurer to come forward and cast the unanimous ballot for Vice-President of the North Carolina Dental Society for C. A. Pless.

SECRETARY HUNT: Mr. President and gentlemen: It is a distinct pleasure indeed to be able to cast this ballot for Dr. C. A. Pless of Asheville for the office of Vice-President for the ensuing year.

I happen to know that Dr. Pless has worked long and worked hard in serving as Chairman of the Out-Of-State Visitors Committee. He has done a fine job and I should like to congratulate him. (Applause.)

PRESIDENT McFALL: The next office to be nominated is the office of Secretary-Treasurer of the North Carolina Dental Society.

DR. T. E. SIKES: Mr. Chairman, I would like to place in nomination for Secretary-Treasurer of the North Carolina Dental Society an outstanding young man, a native of North Carolina. He attended Rutherfordton College, afterwards getting preparatory work for dentistry at the University of North Carolina, and graduated from the University of Maryland with distinction in the year 1939.

He came home to his native State and practiced for three years in the City of Winston-Salem. Then he was with the State Oral Hygiene Division for a period of three years under Dr. Branch's leadership and made an outstanding contribution to public health. He was with Dr. Clyde Minges for a few months. He was also commissioned in the United Public Health for three years, and, at the time of his association of Dr. Clyde Minges, his superior officer asked him to go to Chapel Hill to deliver a dental necessity, so to speak, in that area, and he has continued to carry on private practice in this city since that date.

I can't think of anything that would be more progressive than to have a young man of this caliber in Chapel Hill as the Secretary of the North Carolina Dental Society to cooperate and work in cooperation with the present plans of the establishment of our new School of Dentistry in the University of North Carolina.

This man is non-assuming; he is congenial, of sterling character, is an excellent dentist and smart as a whip.

Who is he? None other than Marvin Evans of Chapel Hill.

Mr. Chairman, it gives me great pleasure to place in nomination for the election of Secretary-Treasurer of the North Carolina Dental Society, Dr. Marvin Evans of Chapel Hill.

PRESIDENT McFALL: Thank you, Dr. Sikes.

Dr. Marvin Evans has been placed in nomination for the office of Secretary-Treasurer. Are there other nominations?

DR. MOSER: Mr. President, members of the North Carolina Dental Society:

I want to nominate for Secretary-Treasurer of the North Carolina Dental Society Bernard N. Walker of Charlotte, North Carolina.

I want to give you a brief biography of Bernard Walker. He was born June 24, 1909; schools—Atlanta-Southern Dental College, Class of 1932. Years of practice, 18; practice limited to periodontia since return from service in World War II.

He took graduate work under Dr. Olin Kirkland, Montgomery, Ala.

Religious affiliation—active participating member of Myers Park Presbyterian Church, as is his family.

Military service, volunteered April 15, 1942; overseas two and a half years; campaigns—North African, Salerno, Anzio and Italian; Chief Dental Service, 750 bed evacuation hospital; released from service July, 1945.

Organizations: Xi Psi Phi; 32nd degree Mason; Shriner; Red Cross Swimming Instructor; Eagle Scout; American Legion; North Carolina Dental Society; Charlotte Dental Society; American Dental Association; Southern Academy of Periodontology; American Academy of Periodontology; American Academy of Dental Medicine; Federation Dentaire Internationale.

Hospital Staff: Member Dental Advisory Council of Memorial Hospital, Charlotte.

Family: Married, two children. His father and brother are also dentists.

Hobbies: Well qualified and licensed in amateur radio, photography and aviation, and fishing.

Professional activities: Clinician; Past President of the Charlotte Dental Society; first President of the Veterans North Carolina Dental Society; he has served on numerous committees of the District, Local and State Societies.

You are not interested in hearing me make a long nominating speech. In this instance, it isn't necessary.

I have known this boy for a period of 18 years, and know that he has plenty of moral fiber.

He has been conspicuous as a leader in the dental profession for the period of his professional career. He maintains a professional office of the highest caliber—a credit to the profession which he represents.

He has an associate, Dr. Tom Nisbet and an oral hygienist, a secretary and two assistants. He realizes his civic responsibilities, and his associations in Charlotte, that is the social ones, are of the highest order.

I was told today by one of my best friends that if I had any political aspirations, that by his nomination I was cooking my goose. I said, "It is," and then I said, "It cannot be." I told Mrs. Moser tonight that I was going to forego the pleasure of the banquet. I stayed in my room and I communed with God. My conscience is clear. If this is heresy, make the most of it, gentlemen.

I stand before this group tonight pleading that harmony might prevail in the North Carolina Dental Society, that a better spirit of cooperation might be more and more manifest.

I maintain if there are two factions or three factions, in the North Carolina Dental Society then, in some way, probably with the help of God, this North Carolina Dental Society has made progress in spite of that. Some faction has made good. She has an enviable record in the 48 States. I pray that she shall remain so.

So mote it be.

(Applause.)

DR. JARRETT: I rise to second Dr. Bernard Walker's nomination. Tonight it is a great privilege for me to stand and second this nomination, because he is one of the finest boys in the State of North Carolina. I know his father, I know his mother, I know his brother. He is not a son, but we are quite good friends.

This man waded in the deep slush of Italy; he slept on the cold desert sands of Africa: He is not bragging about that. He is one of our finest young men in the State of North Carolina. He stands as high as any.

He will be a good secretary and treasurer of this organization, of any organization I hope you will see fit to place him in office. (Applause.)

PRESIDENT McFALL: Are there any other nominations for the office of Secretary-Treasurer?

DR. JACK RAYMER: I would like to add a word to what has been said. I worked with Dr. Walker. I have never met a finer man in my life.

DR. PAUL FITZGERALD: Mr. President, fellow members of the North Carolina Dental Society.

It would be strange to me to find a man who would want the office of Secretary-Treasurer, knowing what I do. He would have to want to work and to love the North Carolina Dental Society.

During the past several years, I have known Marvin Evans. During the past two years, I worked with him in connection with the establishment of a dental college in North Carolina. He was located at Chapel Hill. It was necessary, in order to work with the various committees, that he go to Chapel Hill a number of times.

He has been most cooperative. Marvin Evans has done a good job every time he was offered a job or some task was given him.

Mr. President and gentlemen, I am very happy this evening to endorse the nomination of Marvin Evans for Secretary-Treasurer of the North Carolina Dental Society. If elected, he will serve you with integrity and honor. I thank you gentlemen. (Applause.)

DR. C. C. POINDEXTER: I am from Greensboro of the Third District, which is Marvin Evans' District. I would like to second the nomination of Dr. Evans as Secretary-Treasurer.

PRESIDENT McFALL: Are there other nominations?

DR. TOM NISBET: I would like to have the privilege of seconding the nomination of Dr. Bernard Walker.

I feel I know Bernard better than most anyone here. I have seen him every day. I am associated with him.

Bernard has an active mind, a world of enthusiasm. He has been a friend to me; I think he will be a friend to dentistry.

It gives me pleasure to second the nomination.

PRESIDENT McFALL: Are there others for nomination?

DR. BURKE FOX: Mr. President, I would like to move that the nominations be closed and the ballot be taken.

DR. CHAMBLEE: Mr. President, I don't have any axe to grind as far as these two individuals are concerned. They both are excellent men and I like them both.

But, Mr. President and gentlemen, we have on hand just now the real job due. That is the establishment of a school, a good school, at Chapel Hill. If that school grows and if it is what we would like it to be, it will be through the support of you, this organization.

Up in Raleigh, which is some little distance from Chapel Hill, I have heard nothing but good reports from Dr. Marvin Evans. I pledge you my word I wouldn't know him if I were to see him except by reputation.

Because of that reputation, Mr. President, I would like to second that nomination, and I would like, one of these days, nothing better than to know Dr. Marvin Evans.

PRESIDENT McFALL: Dr. Marvin Evans, will you please stand up so he will see what he has been missing. (Applause.)

DR. GRADY: I would just like to make one statement. Dr. Bernard Walker has a tremendous responsibility. If anybody is qualified for a job, I can't see that a man who has made such an achievement could do any better. Thank you.

PRESIDENT McFALL: Are there any further nominations?

DR. HOFFMAN: I too would like to second the nomination of Dr. Bernard Walker.

PRESIDENT McFALL: Are there other nominations for the office of Secretary-Treasurer?

DR. TRULUCK: I would also like to second the nomination, and I would also like to say that I don't think there is any need for the Secretary-Treasurer to have to be in Chapel Hill, as far as the dental school is concerned.

PRESIDENT McFALL: Are there any other nominations for the office of Secretary-Treasurer?

DR. FOX: I move the nominations be closed.

DR. PRIDGEN: I second the motion.

PRESIDENT McFALL: We will ask the three gentlemen that we asked to line up the crowd in the back of the room where you will be given a ballot.

Will the first, second, third, fourth, fifth district secretaries come forward?

A ballot will be given to you as you stand in line. You can look at it, write your name and your district on it. You are supposed to be a member in good standing with your 1950 dues paid.

We have the district secretaries who know more about you than does the State Secretary, who couldn't be expected to know everybody in North Carolina personally, and so he will identify that you are O.K. when you come as far as being able to vote as a member of the North Carolina Dental Society with dues paid. On the right, as you come between the two chairs, is a sealed ballot box. On the left, there is a sealed ballot box. You will tear off your name and place your name in the right-hand ballot box. You will drop your ballot in the left-hand box, and that name and your ballot will both be secret and will be polled by the group that you see here.

We will proceed to vote.

(The balloting then took place.)

PRESIDENT McFALL: We are trying to expedite things just as quickly as we can.

The next thing we have on the agenda, next office to be voted on, are the two members of the State Board of Dental Examiners.

Coming off the Board this year, 1950, are Dr. T. A. Jennette of the Fifth District, and Dr. Neal Sheffield of the Third District

I will entertain a motion for nomination for someone to succeed Dr. Neal Sheffield of the Third District.

DR. CARR: Mr. President, members of the North Carolina Dental Society: I feel that when we come to a point when we elect a man for this office, it is the most serious thing that we have to do in our North Carolina Dental Society because these are the men that stand at the doorway of our profession, protecting and keeping it good as we have tried so hard to keep it in the past.

The man that I would like to nominate needs no introduction to you men, because he has been tried. He has been tried in many of our offices and made good in each one.

We need men on this Board who have courage, who have character, and who have the determination to carry through what the dictates of their conscience tells them to do for the betterment of our Society.

Therefore, I feel that the man I am now about to nominate is qualified in all three points. It gives me indeed great pleasure to place before you in nomination to succeed Dr. Neal Sheffield, the name of Erbie Medlin of Aberdeen.

PRESIDENT McFALL: Are there any other nominations for the Third District State Board of Dental Examiners? Are there other nominations from the Third District for the State Board of Dental Examiners?

DR. MURRAY: I would like to rise to second the nomination of Dr. Medlin.

I am afraid we don't appreciate men like Medlin enough. That fellow has gone out of his way to make us comfortable down here, to see that things were like we like them when we come to Pinehurst. He has done many other things that you all know about.

It gives me a great deal of pleasure to stand here and second his nomination.

PRESIDENT McFALL: Are there any other nominations from the Third District?

DR. NORMAN ROSS: I move the nominations be closed.

DR. PAUL FITZGERALD, JR.: I second the motion.

PRESIDENT McFALL: It has been moved and seconded by Dr. Norman Ross and Dr. Paul Fitzgerald, Jr., that the nominations be closed.

Will you continue it, Norman and Paul, that we elect by acclamation?

DR. FITZGERALD. Yes.

(The motion was put to a vote and carried)

PRESIDENT McFALL: The boys will make their speeches tomorrow morning.

Are there nominations to succeed Dr. A. T. Jennette of the Fifth District?

DR. DAN WRIGHT: I think this can be very short. I would like to place in nomination Dr. A. T. Jennette to succeed himself on the Board of Dental Examiners. (Applause.)

PRESIDENT McFALL: Are there other nominations from the Fifth District? Are there other nominations from the Fifth District?

DR. EDWARD EATMAN: I second the nomination.

DR. Z. L. EDWARDS: I'd like to second the nomination and move the nominations be closed, the rules being suspended, and Dr. Jennette be elected by acclamation.

(The motion was put to a vote and carried.)

PRESIDENT McFALL: Dr. Jennette has a big job for another term.

We have one delegate to the A.D.A. and that is Henry Lineberger, at present.

DR. PRIDGEN: One delegate and five alternates.

PRESIDENT McFALL: One delegate and five alternates to the A.D.A.

PRESIDENT McFALL: One delegate to the A.D.A. to take the place of Dr. Henry Lineberger. Do I hear nominations,

DR. A. C. CURRENT: I would like to place in nomination the name of H. O. Lineberger to succeed himself as the delegate to the A.D.A.

PRESIDENT McFALL: Are there other nominations?

DR. HALE: As much as I think of Henry Lineberger, I think it would be an injustice to him in his physical condition to ask him to go as the delegate to the A.D.A.

Under the circumstances, I think he ought to be consulted about it.

PRESIDENT McFALL: I know that from North Carolina there has been nobody who has a national prominence that Dr. Lineberger has.

DR. Z. L. EDWARDS: Mr. President, members of North Carolina Dental Society:

This to my mind is one of the most important offices that we could elect. I happen to be in a position to know, by virtue of a conversation with Dr. Lineberger before coming to this hall, that he would be glad to accept. In fact, his physical condition is such that he didn't deem it advisable to come because it was rumored that he would have opposition.

To my mind, no man in North Carolina has ever rendered greater service than Henry Lineberger. By virtue of his service, North Carolina has received national recognition.

He has performed the duties of that office on several occasions and never once has it been said that he was found wanting. Up to the present time, there has never been erected any physical structure of rock or granite to the memory of his services, but I am sure that I may say that within the hearts and souls of every member of the dental profession of this State, that attitude has erected a monument of love, respect, and admiration for the valuable services which Henry Lineberger has rendered.

May I express the hope, in seconding the nomination, that Henry Lineberger will be permitted to serve again as a delegate of the North Carolina Dental Society to the A.D.A. Thank you. (Applause.)

DR. FOX: Mr. President, our system provides alternate delegates. If Dr. Lineberger feels that his health is such that he is not able to participate in all the meetings, he has always the privilege of asking one of the alternates to sit in his place.

I think that Henry has earned the right to represent us by his long service. I feel that it might hurt his feelings if we did not give him the right to attend if his health permits.

Therefore, Mr. President, I would like to move that the nominations be closed, the rules be suspended, and Dr. Henry Lineberger be nominated and that he be elected by acclamation.

DR. COYTE MINGES: I second the motion.

(The motion was put to a vote and carried.)

PRESIDENT McFALL: This is a three-year term for Dr. Lineberger from North Carolina to the A.D.A.

Now we have nominations for the five alternate delegates. May we have the nominations? We have the meeting in Atlantic City.

DR. PLESS: I have in mind a good, strong, healthy, red blooded man that in case Dr. Lineberger should fail he could step into his place with equal dignity.

I mention the name of Dr. Charles Eatman.

PRESIDENT McFALL: Dr. Charlie Eatman has been nominated as one of the alternate delegates.

DR. JENNETTE: Mr. President, I want to second the nomination.

PRESIDENT McFALL: The nomination is seconded. Are there other alternate delegates, please? We need four more.

DR. POINDEXTER: I would like to nominate Dr. Paul Fitzgerald.

PRESIDENT McFALL: Dr. Paul Fitzgerald has been nominated.

DR. JACKSON: I would like to nominate Walter McFall.

DR. FRANK KIRK: I nominate Dr. C. I. Miller.

PRESIDENT McFALL: Dr. C. I. Miller by Frank Kirk.

DR. ED EATMAN: I nominate Dr. P. B. Whittington.

PRESIDENT McFALL: Are there any other nominations.

DR. KENDRICK: I move the nominations be closed.

DR. WALTER CLARK: I second the motion.

(The motion was put to a vote and carried.)

PRESIDENT McFALL: We have had a good time at the Carolina Hotel. Last year the meeting was bigger than the year before. This year it is bigger than it was last year

Now we come to the place of meeting.

I have in my pocket an invitation from Myrtle Beach, S. C., Ocean Forest Hotel.

MEMBER: No.

DR. PLESS: Mr. President, ladies and gentlemen:

Two years ago we men of Asheville were privileged to have you gentlemen, your wives and your sweethearts with us in Asheville. We enjoyed you so much that we want you to come back again next year.

I have in my hand a letter from the Asheville Hotel Association, from the Asheville Chamber of Commerce—which I could read, but I am not going to, because you can take my word for it that they want you. We already have arrangements made. We have plenty of rooms. We can do a better job than we did two years ago.

We want you to come because you conducted yourselves so marvelously when you were there. We are anxious to have you. We bid you welcome. (Applause.)

PRESIDENT McFALL: Are there other invitations?

I have another one in my pocket from William J. Fitzgibbon saying that he thinks we are the sweetest, nicest folks he has ever had at the Carolina Hotel, and extends a very cordial invitation to us.

DR. FITZGERALD, JR.: In view not only of our invitation to return here, but enthusiastic response from the members, I nominate Pinehurst to succeed itself.

PRESIDENT McFALL: Are there any other invitations?

You have heard Paul's invitation. What are you going to do with it?

DR. JOHNSON: I second the motion.

PRESIDENT McFALL: It has been moved and seconded that we come back to Pinehurst. As many as favor it say Yes; those who don't want to come back say No.

(The motion was carried.)

Is there anybody in the North Carolina Dental Society who hasn't bought at least three of our splendid histories of the North Carolina Dental Society? I say three, because one is not enough. I found when I moved to Asheville in 1939 that our library, which is one of the best in the State, didn't have a copy of the North Carolina Dental Society. They have one now. Has your city library a copy of the North Carolina Dental Society history? If you haven't, buy one for your city library, won't you buy one now? We are selling them for half price.

All of you who went to dental school—does your dental college library have a copy of the North Carolina Dental Society history? For \$3 you can memorialize yourself for life because the face of a good book never changes. Won't you see Royster Chamblee and this group who are selling these splendid volumes that is a part of Dr Martin Fleming for \$3 and buy two or three of them because Royster and Dr. Martin, as much as they love them, are getting awful tired of lugging those books down here every year when they ought to be in your home office or public library or in your Alma Mater dental library.

SECRETARY HUNT: I have been asked to announce the results of the election for Secretary-Treasurer. We had a total of 230 votes cast—107 for Dr. Evans and 123 for Dr. Walker.

PRESIDENT McFALL: Since this is the only contested race, does anybody want to say anything tonight?

DR. EVANS: Mr. President, members of the North Carolina Dental Society: The majority has spoken, and I certainly want to abide by their decision.

I would like to make a motion that a unanimous vote be cast for Dr. Bernard Walker as Secretary-Treasurer.

DR. CURRENT: Mr. Chairman, I want to second that motion.

(The motion was put to a vote and carried.)

DR. BERNARD WALKER: Mr. President, members of the North Carolina Dental Society and all my friends: I feel humble and I assure you with everything I have that I will strive to fill a spot that has been carried on for three years by a man who has given his all. He has never been found wanting. He has always listened to everyone who wanted anything.

I would like to congratulate the North Carolina Dental Society for electing Dr. Fred Hunt to the office that he so justly deserves. (Applause.)

There is a lot in my heart for a lot of friends who have faith and the courage to speak in my behalf. I assure you, gentlemen, that I am at your service and I dedicate myself to carrying on to the best of my ability the work that will promote and try to add some little bit to this great Society of the State that I love. Thank you. (Applause.)

PRESIDENT McFALL: Thank you, Dr. Walker.

(The meeting adjourned.)

HOUSE OF DELEGATES

Saturday Morning Session

The third meeting of the House of Delegates of the North Carolina Dental Society was called to order in the main ballroom of the Carolina Hotel, Dr. Walter T. McFall, President of the Society, presiding.

PRESIDENT McFALL: Mr. Secretary, is there anything on the agenda?

SECRETARY HUNT: I have a telegram here which I didn't have time to read. This is from Dr. John Buhler, Dean of School of Dentistry, Emory University, expressing his regrets at being unable to attend our meeting.

PRESIDENT McFALL: I have 61 wires and letters that Fred hasn't wanted to burden you with.

Are there other reports or other business of the House of Delegates moving?

DR. FITZGERALD: I have been requested by Dr. Coyte Minges to read the report of the Arrangement Committee.

THE ARRANGEMENTS COMMITTEE

The duties of the Arrangements Committee are so varied and so many it is hard to give a clear-cut report.

First of all, I want to give credit to each of the members, for they really did their job, and most of all, I want to thank our most efficient Secretary, Dr. Hunt. He was two or three Arrangements Committee rolled into one.

Most of our time was taken in trying to make the meeting run as smoothly as possible, help all other committees with their problems, see that the convention hall was in shape, get the members in for the meeting on time to hear the essayists and their programs. We have tried to do every thing possible for the members and guests to make their stay in Pinehurst pleasant and worthwhile.

Again thanks to each member, and to Dr. Hunt.—C. R. Minges, chairman.

PRESIDENT McFALL: Thank you, Dr. Fitzgerald.

Do we have a quorum, Mr. Secretary?

SECRETARY HUNT: Yes.

PRESIDENT McFALL: I would like for the House of Delegates to give me permission to read in the rest of the reports by title unless they carry in those recommendations a budgetary item or a constitutional amendment.

I happen to have four myself that have been mailed in. They are rather perfunctory statements that nothing has been accomplished during the year because there was nothing needed to be accomplished.

They will all appear in the proceedings.

Is there an objection?

DR. FOX: I would like to move that reports submitted this morning be accepted by title as information and then, if there are some that require action, they can be brought out. But unless there is objection, that all reports be accepted as information by title.

PRESIDENT McFALL: Is there a second to that motion?

DR. SHERROD: I second the motion.

PRESIDENT McFALL: Is there any discussion?

DR. PRIDGEN: Is that including the reports which you mentioned?

PRESIDENT McFALL: That's right—anything that carries a constitutional amendment or budgetary item. Are we clear, gentlemen?

Secretary Hunt then read the roll call and the following members were present:

Officers: W. T. McFall, Amos S. Bumgardner, R. Fred Hunt.

Executive Committee: A. C. Current, Paul Fitzgerald, S. P. Gay.

Ethics Committee: W. T. Martin, Burke W. Fox, C. R. Minges, A. W. Bottoms.

State Board of Dental Examiners: Walter E. Clark, A. T. Jennette.

First District: O. C. Barker (for Alice Patsy McGuire), A. P. Cline (for C. W. McCall), Ralph Falls, P. P. Yates (for Paul Hedrick).

Second District: W. B. Sherrod, T. L. Blair, Don Kiser (for Wade Sowers), Homer Guion (for John Ashby), Vaiden Kendrick (for Z. V. Kendrick).

Third District: Norman F. Ross, C. C. Poindexter (for Wm. Pressley, Jr.), M. R. Evans (for P. B. Whittington, Jr.), E. M. Medlin (for R. A. Wilkins), Dr. Murray (for H. M. Patterson).

Fourth District: C. E. Abernathy, Roy Pridgen (for Paul T. Harrell), E. D. Baker, Fred Hale (for C. W. Sanders).

Fifth District: Paul Jones (for H. E. Butler), Z. L. Edwards (for James Smith), Dan Wright, B. McK Johnson.

SECRETARY HUNT: You have a quorum, Mr. President.

PRESIDENT McFALL: Thank you. Are there other committee reports?

SECRETARY HUNT: I have here a committee report of the Library and History Committee I should like to read in by title.

LIBRARY AND HISTORY COMMITTEE

The Library and History Committee wishes to report that there has been no special activity in our work. We are still trying to complete files both of the Cosmos and of the Dental Journal at the University of North Carolina.

It is slow progress but we have many years complete.

As to the sales and distribution of the Histories, the work has been slow. We wish that some plan might be devised by which we could dispose of all of them.

Attached is a financial report of the recent sales and we have given many copies to distinguished visitors and clinicians both last year and this. Respectfully submitted.—J. Martin Fleming, Chairman.

RECEIPTS AND DISBURSEMENTS OF DENTAL HISTORIES OF THE NORTH CAROLINA DENTAL SOCIETY

May 19, 1949, Bank Balance	\$23.40
Bank Tax	.30
	\$23.70
May 18, 1950, Bank Balance	\$91.20
Books sold and given complimentary since May 19, 1959.....	55

We have 273 copies of Histories on hand.—R. Royster Chamblee.

PRESIDENT McFALL: Are there other committee reports?

DR. PRIDGEN: Mr. Chairman and President, I should like to bring up for final disposition the amendments which were proposed to our By-Laws in the supplemental report of the Constitution and By-Laws Committee which was presented at the preceding meeting.

They were read at that time. Mr. President, is it necessary to read it again? Do you want me to explain it?

PRESIDENT McFALL: Just a moment, Dr. Pridgen.

Your House of Delegates has had one session earlier at this meeting than we have ever had before, as I can understand. In fact, a gentleman told me this morning that there is some doubt as to the constitutionality of our whole meeting in view of the fact we had that Wednesday meeting of the House of Delegates, which threw the whole meeting out of kilter if that went down as an official meeting and, it is so going.

We have handled this thing rather critically and analytically. We gave, after a first reading and a second discussion, a 90 per cent consent in the House of Delegates for these amendments to the Constitution, and Dr. Pridgen and his Committee have stayed up most of the night getting it in form so that it will be correctly, accurately, and honestly done.

Unless there is an individual who will demand that all of these amendments, by section, word, title, and so forth, be read, I would like for you to dispense with it.

What is your pleasure, gentlemen? Is there an objection?

(There was no response.)

Hearing none, it will be handled as the minutes will show it was handled in the House of Delegates, and we are conforming to the demands of the Constitution and By-laws by handling it here. Is that satisfactory, Mr. Chairman?

DR. PRIDGEN: Yes, Mr. President. Or, I might explain just in a few words what the amendments would involve. It would involve taking the arrangement of our annual programs entirely out of the hands of the Secretary-Treasurer and putting it in the hands of a special Program Committee. It would also increase the salary of the Editor-Publisher to \$500 per annum.

That is all it would involve.

SUPPLEMENTAL REPORT OF CONSTITUTION AND BY-LAWS

DR. PRIDGEN:

We approve and recommend for your adoption the following changes in our By Laws:

In article I, Section 4, strike out the sentence which reads, "He shall be chairman of the Program Committee."

At the beginning of Article I, Section 9, strike out the words, "The Secretary-Treasurer as chairman and———additional."

In article I, Section 5, in the sentence which now reads, "He shall receive a salary of one hundred and fifty dollars per annum," strike out the words "one hundred and fifty," and insert "five hundred."—Paul E. Jones, Frank O. Alford, D. L. Pridgen.

Mr. President, if I am in order, I would like to move the adoption of the amendments to the By-Laws.

DR. FOX: I second the motion.

PRESIDENT McFALL: Motion has been made by the Chairman of Constitution and By-Laws Committee that we approve these amendments, seconded by Dr. Fox

Is there any discussion, ladies and gentlemen? Are you ready for the question?

MEMBER: Question.

(The motion was put to a vote and carried.)

PRESIDENT McFALL: That is a fine piece of work, and it has saved a whole year of handling something that is imperatively necessary now. We are long overdue with asking Dr. Franklin Bumgardner to do his work, not only almost full time work, but spending money out of his pocket to do it. What we have done on the Executive Secretaryship ought to have been done a long time ago.

DR. PRIDGEN: There is one other thing I would like to say.

I think that we should print the new Constitution and By-Laws as amended, together with the Code of Ethics in a little booklet for distribution to those who desire it. The new members coming into the Society frequently request copies of our Code of Ethics, and we don't have it to give them. There are so many amendments since 1947 I think we should have a new copy printed.

I should like to move that this be done.

PRESIDENT McFALL: Motion has been made we have a new copy of the Constitution and By-Laws as per this date of approved amendments as soon as the Constitution and By-Laws Committee can work on it.

DR. ROSS: Dr. Pridgen, does it have to be—

PRESIDENT McFALL: Are you speaking to the motion or asking for information?

DR. ROSS: Asking for information.

Can it be in pamphlet form, because there are going to be more members next year.

PRESIDENT McFALL: But we haven't done this in such a long time. Look in your directory, Norm. We have one-eighth of our membership of which we have no record. The Secretary, when I wanted this charted as these men voted, didn't know himself—nobody knows.

DR. MEDLIN: That is a fine thing, but it is going to involve expense that would have to go through the Executive Committee.

PRESIDENT McFALL: Dr. Medlin, you and I have served together in the House of Delegates of the A.D.A. We have had a stomach full of one man in American dentistry, Philip Adams, being the only man in the American Dental Association who knew what the Constitution and By-Laws of the A.D.A. were.

Will you admit that was the truth for some seven years? Did you have a copy? Did anybody in this room, including Clyde Minges, have a copy?

I will answer for all of you—you didn't.

DR. FALLS: Mr. President—

PRESIDENT McFALL: Are you talking to the motion, sir? We have a motion that has been made and we are trying to get a second to it.

DR. FALLS: Yes, sir, I am talking to Dr. Pridgen.

PRESIDENT McFALL: Asking a point of information, Dr. Falls?

DR. FALLS: I am going to ask that he amend or restate his motion to include all the members instead of particularly the new ones—that all the members have a new copy?

PRESIDENT McFALL: His remark, Dr. Falls, was that the new members know nothing about many things we have done. Of course it will be for all members, sir.

DR. Z. L. EDWARDS: I second Dr. Pridgen's motion.

PRESIDENT McFALL: Thank you so much. The motion has been made and seconded we have a new copy of the Constitution and By-Laws.

This is where we should have any discussion you have, ladies and gentlemen. Is there any discussion? Are you ready for the question?

(The motion was put to a vote and carried.)

PRESIDENT McFALL: Are there other committee reports? Is there any other business to come before the House of Delegates of the North Carolina Dental Society?

Mr. President-Elect?

PRESIDENT-ELECT BUMGARDNER: I had purposely withheld the report on the Membership Committee until this time because my written report is in the room, and I would like to submit it with this further report added.

We have approximately 1,035 dentists, in the State of North Carolina, that is both white and colored, approximately. We have 840 members of the State organization. We had at this meeting 534 dentists practicing in the State of North Carolina, and 59 visiting dentists. We had a total present of 593.

We had 248 visitors, 72 exhibitors, and 7 hygienists, making a total of 920, 11 more than we have ever had at any meeting previous.

It was my privilege to attend four of the five district meetings and speak to the membership. That has been covered through written reports and my report would be a summary of it, in which you wouldn't be so very interested. But the membership is wonderful on the district level. I am sure that that is where we get our stength.

I am very happy with the response and the growth and the continual enthusiasm which our State, year by year, continues to climb.

Thank you, Mr. President.

PRESIDENT McFALL: Thank you, Mr. Chairman of the Membership Committee. I appreciate that, Amos, as we do your fine work all during the year.

Are there any committee reports or any further business?

I should like to report to the House of Delegates that six committees have failed to report out of 43 that you have in the North Carolina Dental Society at this time. I don't see some of the chairmen that had promised last night they would report this morning.

DR. FRANKLIN BUMGARDNER: I would like to make my report.

PRESIDENT McFALL: Dr. Bumgardner of the Publication Committee. He said he wanted to read it by title, and I urged him to read it for all of us, as I want you to hear it.

REPORT OF EDITOR-PUBLISHER OF THE BULLETIN

In the report a year ago, the statement was made that a number of problems had arisen. Some of these problems have been solved while others have increased but considering the present situation of the Bulletin from standpoint, it is operating with a good measure of success. Improvements and progress have been made in each department of the Bulletin with the possible exception of the income from ads.

It was the privilege of your Editor to attend the meeting of the American Association of Dental Editors in San Francisco last fall. The meeting itself was most informative, scientifically, and problems peculiar to Dental Journalism was discussed by men of authority. Approximately one half of the Dental Journals in the country were represented at this meeting. It was indeed gratifying that your Editor received many complimentary remarks concerning our own Bulletin. Everything has been done to keep our Bulletin conforming with the code of standards set up by the Association.

During the past year the Proceedings and three Bulletin numbers have been published totaling 5,200 copies. Additional copies of the April issue

were made instead of the usual Hand Programs. This procedure cut down the expense approximately \$200.

We are conforming to the policies as outlined by the prosthetic Dental Committee of the North Carolina Dental Society in our advertising section, the main purpose of which is to allow only accredited laboratories to advertise in the Bulletin. This committee as you know is under the able leadership of Dr. Charlie Poindexter who has done a grand job creating a working relationship between the Laboratory Association and the North Carolina Dental Societies overall program. A conference was held in Greensboro last fall in which your officers, the Prosthetic Dental Service Committee, Editor, Exhibit Chairman, and the Laboratory Association solved many problems.

I would be ungrateful if I did not take this opportunity to express my appreciation to the District Editors, Drs. Pearce Roberts, W. F. Yelton, M. R. Evans, Earnest Pearson, Jr., and F. D. Bell, for their splendid co-operation during the past year. These editors have responded in every instance beyond their line of duty rendering interesting details of happenings over our entire state.

DISBURSEMENTS

1949

Bill Shaw Company (stenotype paper for State meeting)	\$ 2.48
Postmaster (Stamps)	12.00
Mrs. Vallie Henderson (Stenography)	20.00
Hammers Photo Shop (Banquet Photo for Proceedings)	3.00
Postmaster (Stamps)	10.00
Mrs. Rosa Jefferson (typing on 1949 Proceedings)	35.00
Mrs. Rosa Jefferson (Stenographic work)	27.15
Postmaster (Stamps)	15.00
Postmaster(Mailing for Proceedings)	10.00
Postmaster (Bulletin Deposit)	10.00
Economy Printing Company (October Bulletin)	486.85
Economy Printing Company (Halftone Cuts)	44.54
Southern Bell and Telegraph Co.	11.35
Postmaster (Stamps)	12.00
Postmaster (Stamps)	14.00

1950

Economy Printing Company (January Bulletin, cuts and Bulletin Envelopes)	591.21
American Association of Dental Editors (Dues)	5.00
Postmaster (Stamps)	15.00
Southern Bell Telephone and Telegraph Co.	4.83
Intangible Taxes	.52
Postmaster Charlotte (Stamps)	12.00
Economy Printing (April Bulletin)	500.00
Postmaster Charlotte (Stamps)	9.00
Economy Printing Company (Balance April Bulletin)	304.78
Total Disbursements	<u>\$2,155.71</u>

RECEIPTS

1949

Cash in Union National Bank, June 1, 1949	\$ 352.65
A & S Laboratory	30.00
Spakes Dental Laboratory	10.00
Wise Dental Laboratory	10.00
Pattishall & Branch Laboratory	18.00
Woodward Prosthetic Company	60.00
Thompson Dental Company	60.00
Commercial Casualty Insurance Company	37.50
Dairy Council	42.00
Kenner Dental Laboratory	18.00
Fleming Dental Laboratory	30.00
S & S Laboratory	10.00
Luxene, Inc.	58.80
Noyes and Sproul	30.00
S. S. White Dental Manufacturing Company	30.00
Corega Chemical Company	29.40
Carter Laboratory	18.00
Powers & Anderson Dental Company	30.00
Noble Dental Laboratory	30.00
North State Dental Laboratory	18.00
Central Dental Laboratory	18.00
Richmond Dental Manufacturing Company	30.00
Greensboro Laboratory	10.00
Merrimon Insurance Agency	10.00
Economy Printing Company	10.00
New Bern Laboratory	10.00
Witt Dental Laboratory	10.00
Keener Dental Supply Company	18.00
Carter Laboratory	18.00
Miller Laboratory	18.00
Greensboro Laboratory	10.00
Merrimon Insurance Agency	10.00
Economy Printing Company	10.00
Powers & Anderson Dental Company	30.00
Commercial Casualty Insurance Company	37.50
Noble Dental Laboratory	30.00
Eure Dental Laboratory	10.00
Buran's Dental Laboratory	30.00
Wise Dental Laboratory	10.00
Pattishall and Branch Laboratory	18.00
Horton Laboratory (Wilson)	10.00
Horton Laboratory (Rocky Mount)	10.00
Associated Laboratory	10.00
New Bern Laboratory	10.00
Eure Dental Laboratory	10.00
Mid Pines Hotel	10.00
Spakes Dental Laboratory	10.00

Mid-South Motors, Inc.	10.00
Powers & Anderson	30.00
The Carolina Hotel	30.00
Richmond Dental Manufacturing Company	30.00
Keener Dental Laboratory	18.00
R. Lee Toombs Dental Laboratory	37.50
Charlotte Laboratory	60.00

1950

Woodward Prosthetic Company	\$ 60.00
Wise Dental Laboratory	10.00
Thompson Dental Company	60.00
S & S Laboratory	10.00
Richmond Dental Manufacturing Company	30.00
North State Dental Laboratory	18.00
Corega Chemical Company	29.40
Luxene, Inc.	58.80
R. Lee Toombs Dental Laboratory	37.50
Charlotte Laboratory	60.00
Central Dental Laboratory	18.00
Noyes and Sproul	29.40
R & R Dental Laboratory	30.00
Dairy Council	42.00
Buran's Dental Laboratory	10.00
Goldsboro Dental Laboratory	10.00
A & S Laboratory	30.00
Spakes Dental Laboratory	10.00
Fleming Dental Laboratory	30.00
Fleming Dental Laboratory (Laboratory List)	30.00
Pattishall & Branch Laboratory	18.00
Horton Laboratory (Wilson)	10.00
Associated Laboratory	10.00
Carter Laboratory	18.00
Corega Chemical Company	29.40
Luxene, Inc.	58.80
Miller Dental Laboratory	18.00
Central Dental Laboratory	18.00
Thompson Dental Supply Company	60.00
N. C. D. S. to Kevill room and board	49.23

 \$2,457.88

Total Receipts from June 1, 1949 to May 31, 1950\$2,105.23

Balance forwarded from previous year 352.65

 Total Receipts ending May 31, 1950 2,457.88

Total Expenditures ending May 31, 1950 2,155.71

 Balance Union National Bank Charlotte, May 31, 1950\$ 302.17

PRESIDENT McFALL: I am sure all of you join with your officers and Executive Committee in praising Franklin for what he is doing as a single-handed, fine, full-time job. How in the world he stays in the black, I don't know. I would be in favor of getting him in Mr. Truman's Cabinet any time from now on out, because he has certainly done a magnificent job without deficit spending.

Last year at our first Executive Committee meeting, we urged him to please stop trying to squint as much as we knew he was doing, and spending his own money for what Roy Pridgen and his crowd have partially corrected, and I don't think they have over-corrected it a bit. I think it might have been another \$250 or another \$500 without apology.

Franklin, we are greatly indebted to you and we are extremely proud of you on the state and national level.

(Applause.)

We were applauding for the splendid work Dr. L. Franklin Bumgardner, our Editor-Publisher, has just done, not only this year but in the years past.

DR. PAUL FITZGERALD: Mr. President, the first meeting of the House of Delegates was a great meeting for the acceptance and approval of reports of committees.

However, we did vote on some amendments to the Constitution at that time. We voted on them at a subsequent meeting. To avoid any confusion or controversy in the future, I move you, sir, that the Chairman of the Constution and By-Laws Committee, Dr. Pridgen, present to us the amendments that were submitted at the first meeting and voted on, and that we confirm that at this meeting.

PRESIDENT McFALL: Dr. Fitzgerald, may I ask you just a point of information—did we not consummate that just a moment ago?

DR. FITZGERALD: No, sir. We voted on the last amendments.

PRESIDENT McFALL: We voted to approve what the two 90 per cent things had given us the privilege of bringing to this third and final session. I want to do what you think ought to be done.

DR. FITZGERALD: If we voted for that, I would like for it to be in the record. I did not understand it as such.

PRESIDENT McFALL: Roy, will you clarify that for the group?

DR. PRIDGEN: Mr. President, what I presented just a moment ago was what was contained in the supplemental report of the Constitution and By-Laws Committee.

PRESIDENT McFALL: And you remember we gave you permission twice—I mean we gave you permission on both the Constitution and By-Laws and on the Executive Committee to do the things that I understood a while ago that the lady has in the record that have been successfully consummated. I want to do what Paul wants done, and be durn sure it is.

DR. PRIDGEN: Mr. President, in order to do that, I think it ought to be necessary at this meeting just for this body to go on record as approving the action—in other words, the action of everything regarding the amendment of the Constitution and By-Laws.

PRESIDENT McFALL: I like that question—get a second to Dr. Fitzgerald's motion.

PRESIDENT McFALL: Are you ready for the motion? Is there any discussion?

As many as favor Dr. Fitzgerald's motion that leaves no uncertainty that we did in the House of Delegates and concluded this morning that we have done what we have done, and we mean what we have done—is that clear?

MEMBER: No.

PRESIDENT McFALL: All right—what do you want to know about it? What is your point of information?

DR. FOX: Mr. President, I think that it would be simplifying things if Dr. Fitzgerald changed his motion.

PRESIDENT McFALL: Are you offering an amendment to the motion? It hasn't become a motion, because it is dying for lack of a second.

DR. Z. L. EDWARDS: I second the motion.

DR. FOX: I would like to offer an amendment that the motion include that all actions taken at the Wednesday night meeting be confirmed by this session.

PRESIDENT McFALL: Dr. Fox, the motion, sir, as I recall it, read Wednesday, Thursday, and everything that has probably been done, sir. That is what the original motion was.

DR. FOX: It was on this Constitution and By-Laws.

PRESIDENT McFALL: It was on everything that the House of Delegates have done, sir.

DR. FOX: I beg your pardon—I thought he said Constitution and By-Laws.

PRESIDENT McFALL: Yes, sir—we are happy to have that information.

Are you ready for the question? As many as favor the motion as made by Dr. Fitzgerald and seconded by Dr. Z. L. Edwards, make it known by saying Aye. Is there any opposition?

(There was no response.)

Hearing none, the motion is approved.

Paul, does that get everything?

DR. FITZGERALD: I think that does.

PRESIDENT McFALL: Are there other motions, or papers?

DR. DAN WRIGHT: I would like to ask a question. When is this constitutional change that involves life membership going into effect?

PRESIDENT McFALL: That, sir, is a different thing from what we are talking about now in view of the fact that it has been in your Bulletin according to your Constitution.

DR. WRIGHT: No, no—what I mean, now life membership member must be a member for 35 years and be over 65. If a man has not paid his 1950 dues and is a life member under the old plan, but not the new,, what is he to be billed for in 1950?

SECRETARY HUNT: Dr. Wright, my understanding is that after the close of this session, a life membership in the North Carolina Dental Society will conform to the requirements of the life membership in the American Dental Association.

In other words, to be brief, the men who are now A.D.A. life members will be State life members. Those who are not A.D.A. life members will be active members.

Does that answer your question?

DR. WRIGHT: Yes, sir.

PRESIDENT McFALL: Dr. Pridgen, will you confirm that that is correct according to the Constitution and By-Laws of the North Carolina Dental Society as you interpret them, sir?

DR. PRIDGEN: I think what Dr. Hunt has stated is correct. In other words, a man must have reached, in order to qualify for life membership, the age of 65 and must have paid dues for 35 years, which need not necessarily be consecutive—but he must have paid dues 35 years and must be 65 years of age—both those qualifications. On January 1st, those who are not—In other words, for 1951 membership, those who are now life members will be billed for the active members dues. In other words, they are restored to active membership.

DR. WRIGHT: Does that affect 1950 dues that are unpaid?

DR. PRIDGEN: That is not my understanding.

PRESIDENT McFALL: You see, Dan, it is just consummated after this meeting, and those dues were supposed to be wiped out by February 1st. Is that not right?

DR. WRIGHT: They were not. I am talking about delinquents.

PRESIDENT McFALL: Let's get this clear. There must be others who want to know as bad as Dan Wright.

DR. WRIGHT: If you were a State life member, you will not be a State life member, after this constitutional change. If you have received a bill for 1950 and have not paid it then, when the time comes for you to pay it, after this constitutional amendment what do you have to pay? Thirteen or twenty-one?

DR. MEDLIN: It is not retroactive.

PRESIDENT McFALL: Let's not think about it. Let's say what we are going to do about it because somebody is going to get his feelings hurt. He is going to blame the five District Secretaries.

SENATOR JONES: This body has no right to enact legislation.

PRESIDENT McFALL: We are asking for information. We are trying to clarify something that we have done on a constitutional change. Can you help us with it?

SENATOR JONES: In view of the fact that we have no right to enact retroactive action, we couldn't expect these men to pay the rate of dues that was in vogue at the time he was billed.

PRESIDENT McFALL: Dan, have you got an answer? I frankly haven't.

DR. WRIGHT: Yes, I have an answer. As far as I am concerned, now, since January 1, 1951. That is all I want to know.

DR. PRIDGEN: That is my understanding.

PRESIDENT McFALL: O. K.

MEMBER: Would it help to entertain a motion to that effect?

PRESIDENT McFALL: We think that when you read what this lady has been taking down that it will be all there. I would certainly do what you think I ought to do. I would be glad to have somebody make a motion.

The Chairman of the Legislative Committee of the American Dental Association, Executive Secretary, is here. Mr. Francis Garvey, what do you think about it all? You are in the central office. Come up here.

MR. GARVEY: I was just going to say I didn't think anything about it, because no lawyers talk on horseback. I haven't seen the wording of it. I haven't seen the motion, and I don't know the wording, so I couldn't tell you, honestly. If I saw the motion, I would be glad to tell you what I think.

PRESIDENT McFALL: What are they saying in the Central Office up to May and June about this national thing that we are doing? Is it true as Dr. Jones is saying we can't make it retroactive?

(Mr. Garvey then spoke off the record.)

PRESIDENT McFALL: That fellow is just one of the many that we have in Chicago thinking for us when we are neither capable of thinking as fast as that boy nor knowing how to get up and say a thing like that. Every time I see a man from the Central Office of the A.D.A., I am increasingly proud that I am a dentist.

Francis, we appreciate this off-the-record opinion.

DR. FALLS: I would like to get a little information for some of the fellows on all the men that were in this last fracas in the military service.

They didn't pay any dues, they were exempt from the dues. Do those years count toward the 35 paid years? Do you get credit for those two, three or four years in the military service. We were exempt, as I understand it, from all State dues as long as we were in the military service. Do those three, four, five years, count toward the 35 years of paid membership?

PRESIDENT McFALL: Dr. Hunt, do you have an opinion or an idea?

SECRETARY HUNT: Ralph, I believe that the military service member you refer to have paid A.D.A. dues, but not State dues. Is that what you are getting at?

DR. FALLS: Yes, sir, that is correct.

SECRETARY HUNT: And A.D.A. has refunded to the State a portion of this fee.

Now, Dr. Pridgen, didn't you introduce, along with these other resolutions, a change regarding the military members or had you decided that that was taken care of in the Constitution and By-Laws—that it wasn't necessary to change the Constitution and By-Laws?

DR. PRIDGEN: This thing is getting to be rather complicated.

As I understood it, the changes which the Constitution and By-Laws Committee recommended and which were adopted does not cover the part which the Doctor brings up over there. That is probably a valued point that he is raising.

As I understand it, though, it did affect the status of the members of the military service at present.

You said we had ten members, I believe, Fred, in the military service.

SECRETARY HUNT: About ten.

DR. PRIDGEN: They were paying according to the old arrangement—what was it?

SECRETARY HUNT: Eliminate State dues and pay A.D.A., and we get a refund on that.

DR. PRIDGEN: That eliminated that arrangement, but the present one as adopted now does not take care of the situation that the Doctor mentioned.

DR. FALLS: I am afraid that among a majority of the members of the North Carolina Dental Society that it will be a controversial question, as we were willing to pay our State dues on active duty and were exempt, if we do not get credit for the 35 years.

PRESIDENT McFALL: Dr. Falls, we have the smartest administration on this Ninety-Fourth Anniversary Meeting. We have the smartest administration that we have ever had. They are going to have an answer to every question, and it doesn't seem that anybody in the room can answer it.

I know that your veterans' group as individuals and as a group would like to have it answered. What would you suggest the Chair to do, if you were in the Chair?

DR. FALLS: I believe that there are members that would have gladly paid their dues each year to the State had they not been exempt. As Mr. Garvey stated, those members have already earned their credentials. When you receive a medal, you have the medal and anything that is enacted after that doesn't mean that they go back and take the medal away.

Those of us who were in the service belonging to the North Carolina Dental Society who were exempt remained members of the North Carolina Dental Society, did we not, while we were in military service?

DR. PRIDGEN: Yes.

DR. FALLS: And were exempt from dues.

I don't think that you would want or could legally make that retro-active and make us that have been members 35 years be members five more years and make it 40 in order to become a life member.

PRESIDENT McFALL: Mr. Garvey is on his feet, ladies and gentlemen.

MR. GARVEY: Dr. McFall, I am afraid I didn't make myself clear perhaps in one statement.

What I intended to say was that regulations in effect as of a date that a man becomes eligible remain in effect as to him, as Dr. Falls said. If this morning I am entitled to a medal, you can't change the rules tomorrow morning so you take my medal away. However, if I am not going to get that medal until tomorrow morning, you can do anything up to the time of that presentation to change it, so that the qualifications are different. I must meet the test of the qualifications on the day on which I actually become eligible.

With regard to the point which is being debated—that can be very well taken care of in your amendment, if it is the intention of your State Society, as I think it well could be, that members whose dues were suspended during the period of time but who continued to be members, should be given credit for it. Then, it is simple enough, if that point is not covered today, to amend it the next time it comes up after you have had a chance to study the wording. It is only a question of the sense of the membership at the time they are debating on these things.

But, without looking at the wording of the particular resolution or particular amendment, it is rather difficult to tell or to debate what it actually means. You have got to have that down in black and white in front of you.

DR. FOX: The point that Dr. Falls has brought up involves only part of this.

Our present change involves abolishing the life membership which have been awarded, and a further question will arise as to whether those men who have been life members for four or five years, ten years, and who are restored to active membership, whether they would have to pay an additional ten years to reach 35, or whether those years would be included.

In view of the fact that this matter is so controversial, I would like to move that the Constitution and By-Laws Committee study these particular points and submit or report at our next Annual Meeting, in order that this thing can be clarified to the satisfaction of the veterans and also to the satisfaction of the men who have been restored to active membership.

PRESIDENT McFALL: You have heard Dr. Fox's motion. Is there a second? Is there a second?

DR. NORMAN ROSS: I second the motion.

PRESIDENT McFALL: Are we ready for discussion?

SECRETARY HUNT: Dr. Falls, if I understand you correctly, you want to know whether or not members in the armed services will lose their continuity to life membership. Is that substantially what you want to know?

DR. FALLS: I want to know whether we are going to have to put in 40 years.

SECRETARY HUNT: In other words, whether you are penalized for the years in the service?

This will shed some light on it. On page 19 of the Constitution and By-Laws, Section 5:

"Members who have served in the armed forces in time of war shall be permitted to preserve their continuity of membership by payment of only the annual dues of the American Dental Association," which

I mentioned a while ago,

". . . for each year served, and these years shall be counted when computed as eligibility for life membership."

DR. FALLS: Does this new amendment to the Constitution and By-Laws which we just voted on conflict with this now?

SECRETARY HUNT: I shouldn't think so.

DR. FALLS: That is the question. There is no objection to it if it has to be. In other words, the veterans don't want a free ride or anything.

PRESIDENT McFALL: Don't you think the motion before the house would satisfy you and the veterans, sir?

DR. FALLS: I will add this: If it is necessary to pay those dues, give the veterans the right to go back and pay those four years, if necessary.

PRESIDENT McFALL: Will you accept that as an amendment to the motion, sir?

DR. FOX: I will. My motion, I think, would cover that.

PRESIDENT McFALL: I am sure it would. Would you accept that amendment, Dr. Ross?

DR. ROSS: Yes, Sir.

PRESIDENT McFALL: The amendment is added to the motion and the young lady has taken it down.

Do you understand what you are voting—that the Constitution and By-Laws Committee will bring in a clarification of this to all the veterans and the North Carolina Dental Society's satisfaction, plus this amending feature that if it isn't to their satisfaction that they can pay up and make it so?

Have I stated it to your satisfaction?

DR. FALLS: Yes, sir.

PRESIDENT McFALL: As many as favor the motion, say Aye; opposed, say No—opposed—?

Tom, what is your question?

DR. BLAIR: Take myself, for example. I have been an active member of the A. D. A. but from another State, when I came here. What about that 35 years? Does that include the transfer from another State?

PRESIDENT McFALL: We will get that answered in this motion. Will you make a note of that, Dr. Pridgen?

Will you vote with me again to satisfy the body.

(The motion was put to a vote and carried.)

Is there other business, other reports, or anything else?

SECRETARY HUNT: I should like to add a few words to what was said regarding Dr. Bumgardner.

It has been my privilege to work very closely with him during the past three years. Until I became Secretary, I didn't realize just what burdens rest upon the shoulders of the Editor-Publisher. He is to be congratulated for all the fine work he has done.

The Bulletin that he gets out is one of, if not the best in the United States. As you know, the Dental Society of North Carolina has been honored by having him elected to an office in the National Association of Dental Editors.

So, Dr. Bumgardner, I should like to express to you my appreciation for your wonderful help during these past three years.

At this meeting, there have been some faces missing—men who have attended meetings of this Society down through the years, men who were prominent in the activities of this Society. I refer to Dr. F. L. Hunt of Asheville, Dr. J. S. Spurgeon of Hillsboro, and Dr. Jack Sinclair of Asheville.

If there is no objection, I shall be glad to wire these gentlemen expressing our regrets at their inability to attend.

If there are other members who are sick, or members who should receive wires, I shall be glad to receive their names from the membership.

PRESIDENT McFALL: If there is no objection, it will be so ordered.

Is there any new business?

DR. MARTIN: Dr. Broughton is retiring from practice, and felt he was entitled to life membership.

DR. FALLS: We have already given Franklin Bumgardner a hearty cheer, and Dr. Hunt has already expressed his appreciation. I think it would be in order for all of us to rise and give him a hand for a long, hard job well done. (Applause.)

DR. FRANKLIN BUMGARDNER: I appreciate that very much and I would like to say that it has been a pleasure to serve as your Editor. I don't say the entire seven years have all been a pleasure, but the majority of it has been a pleasure. I appreciate the increase in salary, not as it affects me; but it might be an incentive to get a good man to follow me.

PRESIDENT McFALL: Are there other remarks or reports—anything of any consequence?

If there are no further remarks, I am going to ask you to indulge a man who will soon be 50 years old who is a wee bit older this minute than ever before in his life, and I want you to hear a dear friend of mine make a short report of something that is very near and dear to her heart and to the hearts, not only of Southern dentistry, but American dentistry.

Mother Hill, will you have a word.

MRS. HILL: Mr. President, members of the North Carolina Dental Society:

This is a very happy moment in my life. I am so glad to have been with you.

Dr. Walter McFall has been one of my boys for so many years, having studied in the old Atlanta Southern Dental College, which is now our Emory University School of Dentistry.

Dr. McFall was very much interested in some figures that I brought him from the clinic at the University, and he has asked me if I would, just in a very few words, bring you the greetings I brought to him, and just tell this body how much interested our clinic and our University,

the Emory School of Dentistry, is in this North Carolina Dental Society, particularly now when you have had our Dr. Walter McFall who was the first director of that clinic, as your State President. I have come to this meeting particularly on that account.

Some of you older men attended our college and knew my husband, Dr. Hill. The younger men have been to our clinic and have worked there and know all about our Delos L. Hill, Jr. School there, the memorial clinic for underprivileged children.

This year the director of our clinic, Dr. Vincent Johnson, has told me that we have had 585 patients in our clinic, that they have made 4,150 visits to the clinic for dental care during this one season since last September, and that we have a waiting list of 125 who need dental care, but unfortunately our space is all filled, and we want to get them just as soon as we can.

We think we have had a very busy year. I wanted to tell you men who were so interested in the college and still are, I hope, that we think we are going places.

I may also add that besides Dr. Walter McFall, who is now in your North Carolina Society as President, you have our Dr. Brauer who was the second director of our clinic, and he is to be Dean at your new School of Dentistry at the University.

I bring you greetings from our school, and I wish you Godspeed in all the work you are doing. We need more universities, more schools for dentistry, and particular, as I said a minute ago, we are so interested in the children's end of it. We need more places where the underprivileged children can have these advantages, and you dentists are the ones to give it to them.

I thank you for the privilege of being with you, and I certainly have enjoyed every minute, Dr. McFall, and thank you for your kindness and consideration. (Applause.)

PRESIDENT McFALL: Is there other business? Are there any other reports?

If not, we will come to the very happy, and I do mean happy, time of inducting our first new officer for the year 1950-1951.

I am going to ask Dr. Homer Guion and Dr. Don Kiser to go to the rear of the hall and bring forward the President of the North Carolina Dental Society for 1950-1951.

DR. SANDERS: I believe we should adjourn our House of Delegates session.

I move you, sir, that we adjourn this meeting and that we go into a general session.

DR. JENNETTE: I second the motion.

(The motion was put to a vote and carried.)

GENERAL SESSION

PRESIDENT McFALL: Now we can start where we just left off.

(Dr. Guion and Dr. Kiser escorted Dr. Bumgardner to the platform.)

PRESIDENT McFALL: Mr. President, welcome.

Dr. Bumgardner, it has been a pleasure to work with you this year. We have been working together in dentistry, as I recall now, you graduated in 1923 and I in 1922. It makes 31 years of working together in our chosen profession.

You made a fine reputation in dental school. You have been a general practitioner, you have been a specialist, you have been to the top in both the general practitioner's realm and as a specialist in orthodontics, which field you have graced so splendidly.

Your work this year has been an inspiration to me. As I understand it, we have had the largest group of new members which the North Carolina Dental Society has ever had. I give to you 94 years of fine services for the people of the great State of North Carolina. The North Carolina Dental Society has had of its membership two members who have been our national Presidents. It is good training in the North Carolina Dental Society for anything a fellow wants to do thereafter. You have had that training, you have gone to the top twice, and so I am sure you bring to this high office all the qualifications that a man or a dentist needs to succeed.

I know that you are inheriting the cooperation, the support, and the prayers of the grandest group one fellow can give to another.

So, with this gavel, I wish you every happiness, every joy, every success and Godspeed you as you lead us.

(Applause.)

PRESIDENT AMOS BUMGARDNER: Walter, and fellow members of the North Carolina Dental Society and guests:

This has been a strenuous year for you, Walter. You have had mixed emotions, as as you explained, when you entered this place. I concur exactly in how you felt.

We have worked together 31 years, sometimes up and sometimes down. That is life. Life is made with its roses and its thorns. It is made with its sunshine and its shadows, but without the shadows, we could not enjoy the sunshine, and without the rain, we could not enjoy the fruitage outside. So life is thus constituted.

As I take this gavel from my worthy predecessor, I assure him that I too, as he has done, will try to absorb the suggestions and helps from those who come and who are willing to give them to us. My efforts will be feeble, but my support will be strong. You are my support and into you shall I rest the great problems which confront us each week.

North Carolina is a great institution, and her heritage has been well laid. The structural planks in the institution which we represent this morning were laid by heavy hearts, were laid with keen thoughts through these many, many years. I only hope that the plank that you place in there in 1950 will be as well as those in the preceding years.

I shall do my best. I shall try to leave prejudice at this desk when I walk out and shall forever leave it so far as you are concerned. I hope to serve you with every ounce of my ability. We may disagree. So we disagree in a home. That does not make us willing to turn the home aside, and I would like for us to think of the 840 members as one large family. We don't all see alike at the same moment, but the consummation of that should be the complete structure even as a rainbow is complete by its various colors.

I shall look to each one of you for help and I shall depend on you to offer the suggestions and we will do our best to fulfill them.

Thank you, Walter, for a wonderful job. I trust that I can in some part share the faithfulness which you have given this year. Thank you so much. (Applause.)

I believe the next order of business is the installation of the President-Elect. I will ask Dr. Roy Pridgen and Dr. Paul Fitzgerald to escort Dr. Hunt to the platform. (Applause.)

PRESIDENT BUMGARDNER: Dr. Hunt, through the three years and through 31 years, I believe, we have had together—31 years, that makes 62 years of life. We worked together from the day we entered college.

You have preceded me in State position, and you earned every right to be the man by that splendid example which has so wonderfully qualified you through these three years. I shall look to you for considerable help as well as to Walter and to those who have gone before, to guide us as we try to find the right path. Thank you. (Applause.)

PRESIDENT-ELECT HUNT: Mr. President, fellow members of the North Carolina Dental Society, Mother Hill, distinguished guests:

First, I should like to take the opportunity to express to you my appreciation for having had the privilege of serving as your Secretary-Treasurer during the past three years. The work has been hard, the hours have been long, but I have been more than amply repaid.

The privilege of attending 14 of the 15 district meetings which were held was an opportunity to know you better and to come to love you. The one meeting which I missed was held last October in Hendersonville on October 6th. At that time I was on my way to San Francisco to attend the Annual Session of the American Dental Association.

I am extremely grateful to you for this high honor. I don't believe there is any honor which a dentist in North Carolina could receive that would be more appreciated. I am deeply grateful and I am humble.

I want to assure you that at all times I shall exert every effort at my command to carry out the duties and functions of this office in the efficient and dignified manner which has been customary in past years.

I thank you. (Applause.)

PRESIDENT BUMGARDNER. Thank you, Dr. Hunt. I am sure that those words you have listened to will be read into the blueprint of life.

We come now to the installation of the Vice-President, Dr. C. A. Pless of Asheville.

Dr. Truluck and Dr. Branch, will you please escort Dr. Pless to the platform? (Applause.)

Dr. Pless, you come as I do, a new member into the official family. I, too, have known you for 30-odd years. I believe we were in the Army together in the last war. I remember you sleeping not very far from me, but your hair was not quite so silvery as it is today.

I shall look to you for much help, because of your maturity and the years of dentistry and your place in the community in which you serve, and the way in which the people and myself respect and love you. The North Carolina Dental Society shall give you a great deal of responsibility and you yourself shall bear with us these responsibilities. (Applause.)

VICE-PRESIDENT ELECT PLESS: Ladies and gentlemen:

I am not going to apologize for my hair being prematurely gray, as it wasn't hard work that caused it, and it wasn't sleeping next to Amos that caused it.

I appreciate the fact that you have placed me in this group, and I promise you as your Vice-President that I will go forward right behind them.

Thank you very much.

PRESIDENT BUMGARDNER: Thank you, Dr. Pless.

We now come to the next office, one that we recognize as being of tremendous responsibility and importance. I am going to ask Dr. Jones and Dr. Falls if they would escort Dr. Bernard Walker to the platform.

Dr. Walker, you and I come to the platform comparatively new when it comes to the amount of services in this official family. I am one year old, and you were just born last night.

I recognize that we may make many mistakes. I am sure they will be of the head and not of the heart. I know you are going to bring to this a world of fruitage and work. We shall rely on you as the one man who shall take care of all our troubles and keep us out of these pitfalls which have been evident in the past years. I want to assure you of my deep appreciation of having you as the man who shall sustain and help keep me, and you will do the work. (Applause.)

SECRETARY WALKER: Thank you, Dr. Bumgardner. Members of the North Carolina Dental Society:

I assure you that I am entering an office that was so wonderfully done and taken care of in the last three years, by my good friend Dr. Fred Hunt.

I assure you that I will be ready at my time to give you and the North Carolina Dental Society my 100 per cent support and do everything that I can to make this Society a better place, with God's help and yours. (Applause.)

PRESIDENT BUMGARDNER: Thank you, Dr. Walker, for those wonderful words.

Our next order of business is the installation of two members of the Board of Dental Examiners, the first of which is Dr. Medlin.

Dr. Medlin, I believe you were just born last night into this new field of service in the North Carolina Dental Society, and it gives me a great deal of pleasure to have you with us as one of the official family who shall contribute one of the very important things as a guardian and guide to those who may seek to serve the people of this State in Dentistry. It truly is a great responsibility.

DR. MEDLIN: President Amos, fellow members of the North Carolina Dental Society and guests:

I want to say that I am deeply grateful for this Honor. I am particularly grateful to the membership of the Third District for their confidence in me.

I am also conscious of the fact of the great responsibility of this position. There is one phase of it that I look forward to and one that I like about the whole thing, and that is the fact that I am succeeding such an able man. I always like to follow in the footsteps of a good man. Dr. Sheffield has served the Board so well and faithfully.

I promise this Society to do everything I can to uphold the high standards that our State Board of Examiners have always set. Thank you. (Applause.)

PRESIDENT BUMGARDNER: Dr. Jennette is our next member to be installed.

Inasmuch as you have been here before and you were born some time ago, I see you have more strength.

We welcome you unto the second term, and we all recognize what a valued service you have rendered and are rendering. We welcome you back into the official family. (Applause.)

DR. JENNETTE: Erbie Medlin said he was following in the footsteps of a very fine man. I will have to say the same thing. (Applause and laughter.)

PRESIDENT BUMGARDNER: Thank you for those pleasant words. The next order of business is the installation of the delegates, as well as our alternate delegates to the American Dental Association.

Dr. Lineberger, will you speak for all of our delegates and alternates, please?

DR. LINEBERGER: No—let them all come up here.

PRESIDENT BUMGARDNER: All right—bring them up by the side of Henry. (The alternate delegates then came to the front of the room.)

DR. LINEBERGER: Mr. President, I present the group. We are all happy to serve.

PRESIDENT BUMGARDNER: Everybody will go to Atlantic City, I am sure, as they did to San Francisco last year. There is one thing in the House of Delegates concerning the North Carolina Dental Society—you will never find a vacant chair. I have never seen one since I have been going. It is well represented and ably led by a wonderful man, Dr. Lineberger.

To all of you, I commend these fine people who will represent you, to serve you, in the American Dental Association. (Applause.)

That, I believe, completes the installation of the official family for the incoming year.

DR. McFALL: Mr. President, may I have a word?

PRESIDENT BUMGARDNER: Yes, sir.

DR. McFALL: May I present the first lady of North Carolina Dentistry, Mrs. Amos S. Bumgardner. (Applause.)

PRESIDENT BUMGARDNER: Thank you, Walter. I would also like to present my daughter Anne. (Applause.) I have a young son, Amos, Jr., around here somewhere, if he didn't go away. There are five of us. A son, Howard, also, and we shall serve you the best we can.

Mother Hill and all of those who have come and have been interested in us and North Carolina, and to you wonderful people, it is a privilege again to share with you through this year the sunshine and the rain, the rainbow and the shadows. And may it, when it is all blended together, make one of the great planks which shall constitute another milepost in this noble profession which we call dentistry.

DR. Z. L. EDWARDS: Since this Ninety-Fourth Session is almost at a close, I would like to make just an observation or two.

PRESIDENT BUMGARDNER: Dr. Z. L. Edwards of Washington, North Carolina.

DR. EDWARDS: During this session, we have had a great deal of laughter as well as a great deal of tears. At times, there may have been felt just a little uneasiness. We have had our differences, and I don't think I am giving away any secrets when I say that we in our operations are somewhat similar to the way we Democrats work in our elections. As a rule, we Democrats fight hard during the primary campaign. We fight each other but then, as I say, I am not giving away any secrets. After the primary is over, we join and gang up against the Republicans as all good Democrats.

I say that is our custom. Now, at the close of this Convention, if there have been any differences, if there has been any uneasiness, let's forget it and go home as a united body of dentists of North Carolina and fight for the mutual interests of all concerned. (Applause.)

DR. FALLS: Mr. President, I would like to say Amen.

PRESIDENT BUMGARDNER: Thank you for those kindly thoughts.

One and all, may we pledge afresh and anew our efforts towards this great dental college that is beginning to swing its doors ajar and in which you will be called upon to have a part this fall. May that institutions be as well founded as these ninety-five years which we today celebrate in our dental profession.

DR. FITZGERALD: It is customary for the incoming President, before adjourning the meeting, to name what committees he wishes to at this time.

PRESIDENT BUMGARDNER: Thank you for that.

Last year, Walter named the member to the Executive Committee. By virtue of that precedent, I shall do the same.

The other committees are in—some of them will have to be changed due to the Membership Committee. I shall name Dr. Homer Guion to the Executive Committee and Dr. Paul Fitzgerald, as the member who is coming up to 1951, as Chairman of that Committee. That will take care of it.

Others will be out, due to some changes that we will have to make, but I would like that privilege. They will be out shortly.

Thank you, Dr. Fitzgerald.

DR. TRULUCK: I would just like to say, before we adjourn, that we should give the retiring officers a standing vote of thanks for the wonderful job they have done in the past year, for the way they have conducted the affairs of the North Carolina Dental Society.

(Applause.)

PRESIDENT BUMGARDNER: Thank you, Dr. Truluck.

To the Hotel, may I say that the Secretary will please express our gratitude to them, to the press, and to those who deserve our appreciation, who have served us so nobly at this meeting.

If there is no further business, I will now declare the Ninety-Fourth Anniversary Session of the North Carolina Dental Society closed, this, the 20th day of May, 1950.

(The meeting was adjourned.)

REPORTS HANDED-IN FOLLOWING ADJOURNMENT

SECRETARY'S REPORT OF NEW MEMBERS

1949-1950

FIRST DISTRICT

Dr. E. V. McCord	Woodruff, N. C.
Dr. E. V. McCord	Woodruff, S. C.
Dr. Alton T. Lockwood	Asheville, N. C.
Dr. C. M. Hinkley	Waynesville, N. C.
Dr. J. Ernest Roberts	Louisville, Ky.
Dr. Robert L. Wohlers	Muskegan, Mich.
Dr. Ernest F. Pope	Hendersonville, N. C.

SECOND DISTRICT

Dr. Clarence F. Biddix	Charlotte, N. C.
Dr. Edwin Cuthrell	Thomasville, N. C.
Dr. Everette A. Eckerd	Mocksville, N. C.
Dr. Henry C. Harrellson	Charlotte, N. C.
Dr. J. B. Berndon	Marshville, N. C.
Dr. Wm. S. Kirk	Salisbury, N. C.
Dr. L. Doyle Pruitt	Elkin, N. C.
Dr. Robert G. Taylor	North Wilkesboro, N. C.
Lt. Jr. Robert Timberlake DC USN.....	Camp Lejeune, N. C.
Dr. J. Sherrod Williams, Jr.	Statesville, N. C.

THIRD DISTRICT

Dr. J. B. Howell	Ellerne, N. C.
Dr. Tracey E. Hussey	Star, N. C.
Dr. Claude A. Adams, III	Durham, N. C.
Dr. K. I. Andreve	Greensboro, N. C.
Dr. J. W. Sigmon	Greensboro, N. C.
Dr. M. H. Solomon	Greensboro, N. C.

FOURTH DISTRICT

Dr. Thom. R. Collins, Health Dept.	Raleigh, N. C.
Dr. J. S. Evans, Jr.	Henderson, N. C.
Dr. M. M. Kistler	Raleigh, N. C.
Dr. D. D. Lee	Fayetteville, N. C.
Dr. Wm. H. Olive	Smithfield, N. C.
Dr. Marvin Pleasants	Louisburg, N. C.
Dr. A. L. Smith, Jr.	Lemon Spring, N. C.
Dr. C. H. Sugg	Varina, N. C.
Dr. J. P. Swain, Health Dept.	Raleigh, N. C.
Dr. E. Ben Ward	Chadbourn, N. C.
Dr. C. L. Wooten	Whiteville, N. C.
Dr. Wm. Penn Marshall, Jr.	Raleigh, N. C.
Dr. Brooks W. Harwood	Raleigh, N. C.

FIFTH DISTRICT

Dr. W. H. Johnson	Weldon, N. C.
Dr. Britton F. Beasely	Kinston, N. C.
Dr. Herbert Fuerst	Rocky Mount, N. C.
Dr. Wm. M. Spence	Elizabeth City, N. C.
Dr. T. S. Fleming	Tarboro, N. C.
Dr. Harry C. Good	Camp Lejeune, N. C.
Dr. Worth B. Gregory	Paris Island, S. C.

CLINIC COMMITTEE REPORT

Mr. President and members of the North Carolina Dental Society. As chairman of the clinic committee I beg leave to report as follows: Last September 14, 1949, letters were written and sent to the President, President-Elect, and Secretary-Treasurer of each district of the North Carolina Dental Society, respectfully urging them to obtain as many of their group as possible to present a table clinic at Pinehurst, North Carolina, May 19, 1950. Thanks to each for their responsive work. As chairman it was my privilege and pleasure to attend or get in touch with each of the five districts at their Fall meetings, and may I say here the table clinics were of the highest type and truly a credit to each district.

On November 21, 1949, a letter was sent to each of the dentists who had presented a table clinic before the various districts respectfully requesting them to repeat their presentation at our State meeting at Pinehurst, North Carolina, May 19, 1950. In answer to this letter we received encouraging results. On January 5, 1950, we sent cards to each of the prospects who we had not heard from asking them to please, please let us have title of their table clinic at once to be held at the Carolina Hotel, Pinehurst, North Carolina, January 15, 1950. On January 13, 1950, we sent cards to each clinician thanking them in behalf of the clinic committee and the North Carolina Dental Society for consenting to present a table clinic. On January 18, 1950, cards were sent to each of those whom we had not heard from stating that the Program Bulletin would go to press about the fifth of February, 1950, and to kindly write us giving us title of their clinic. These cards also brought results. On February 11, 1950, we sent a card to each of the clinicians asking that they please bring their own equipment such as shadow-boxes, extension cords, projectors, sterilizers to satisfactorily present their table clinic. On May 6, 1950, cards were sent to each table clinician requesting them to please have their table clinics set up ready to go by 9:00 o'clock Friday morning, May 19, 1950.

The morning of the table clinics your committee had the tables ready with the cards of names of clinicians tacked to a small piece of 2 x 4, ice water and cups on same. Each committeeman had an arm ribbon with ASK ME? inscribed ready to assist in any way we could. We tried and offered to place the tables wherever would most satisfactory show up their clinics. There were twenty-nine table clinics presented.

As usual I have enjoyed working for our society. I wish to thank our President, Dr. Walter T. McFall; our Secretary-Treasurer, Dr. R. Fred Hunt; our Editor-Publisher, Dr. L. Franklin Bumgardner, for their ever willingness to cooperate and help. Much credit is due the following members who served and worked untiringly on the committee. Doctors William P. Weeks, Duncan M. Getsinger, A. A. Phillips, and C. B. Johnson. Thank each of you for your loyal support. Respectfully submitted.—N. P. Maddux, Chairman.

ADVISORY COMMITTEE TO THE AMERICAN ACADEMY OF PEDIATRICS

The Advisory Committee to the American Academy of Pediatrics wishes to report the full co-operation of the members of the dental profession in the observance of National Children's Dental Health Day. The Committee also aided and advised the Program Committee of the North Carolina State Medical Society on matters in their program that relate to Dentistry for Children.—Pearce Roberts, Chairman.

COMMITTEE ON GENERAL ANESTHESIA

Your Committee on General Anesthesia reports a brief, the results of a survey on present-day general anesthetic agents and methods of administration:

Of the general anesthetic agents used in the dental office, from Dr. Horace Wells to 1950, Nitrous Oxide is still the most popular for short periods of administration.

The lack of potency of Nitrous Oxide, while a safety factor from the lack of the standpoint of over-dosage, presents a disadvantage in the resistance type of patient. There seems to be much more danger from asphyxiation by forcing Nitrous Oxide in the resistance patient. This solution, however, is readily overcome by the administration of supplementary synergistic agents of a more potent nature, with the added advantage of increased Oxygen percentage, which will prevent anoxia.

For children between the ages of six and fifteen years, and for the majority of female patients of any age from six years up, Nitrous Oxide—Oxygen is the anesthetic of choice for short operations in the dental office. Pre-medication with barbiturates is advisable for adult patients.

For reasonably long operations in the office, a combination of Nitrous Oxide—Oxygen is the anesthetic of choice for short operations. For patients above fifteen years of age, and produces a smooth excitement, free from administered by an expert anesthetist. This combination produces a desirable correlation in that the Oxide tends to inhibit the production of laryngospasm by Pentotal; while the Pentothal allows for the administration of a very high percentage of Oxygen. Prolonged recovery following the return to consciousness is a disadvantage in administering this combination in the dental office.

For children under five years of age, Vinyl Ether seems to be the most desirable anesthetic agent because it produces relaxation in the surgical stage thereby permitting post-induction placement of the mouth prop in uncooperative children.

Ethylene and cyclopropane gases are considered unsafe for use in the dental office due to their explosive properties.

For lengthy major operations in and about the mouth, intra-tracheal intubation is definitely indicated regardless of the anesthetic agent used.

The use of Intrococain and Curare which have recently become accepted as desirable agents to produce muscular relaxation during the administration of general anesthetics, has no place in the dental office, but under certain circumstances, may be used to advantage in dental surgery performed in the hospitals.

Your Committee of General Anesthesia wishes to report the following conclusions:

1. That general anesthesia for dental surgery in a great number of classes is not only desirable, but often times definitely indicated.

2. That no general agent or combination of agents or methods of administration is indicated or feasible for all types of cases.

3. That we, the Dental Profession, still rightfully and proudly remain to date the contributor to the world the greatest single gift to suffering humanity—General Anesthesia.—L. T. Russell, Jr., Chairman.

REPORT OF THE MEDICAL DENTAL RELATIONSHIP COMMITTEE

This committee has held no official meeting during the year. The chairman has talked with the different members of the committee as to the different ways in which the work of this committee should be extended among the members of the medical society of this State.

The chairman of this committee has attended three meetings of the Fifth District Medical Society of North Carolina during the past year.

We respectfully make the following recommendations — That the Chairman of this committee be the official delegate to this society to the annual meeting of the North Carolina Medical Society.—G. L. Hooper, Chairman.

REPORT OF GOLF COMMITTEE

The Golf Committee was held Wednesday at 1:00 P.M. with eighty contestants competing for three trophies and fourteen prizes.

A Golf Dinner was held at Carolina Hotel with Mr. Rich, and Mr. Tufts, and Mr. Bob Harlow on the program. Prizes were awarded by Mr. Tufts and after which all enjoyed movies on golf.

We the Committee are indebted to the supply house and the Dental Laboratories for sponsoring the nice prizes.

Everyone that participated, enjoyed playing golf at the famous Pinehurst Golf Course.—J. R. Fritz, Chairman.

STATE OF NORTH CAROLINA

DEPARTMENT OF JUSTICE

RALEIGH

Harry McMullan
Attorney General

T. W. Bruton
Hughes J. Rhodes
Ralph Moody
James E. Tucker
Peyton B. Abbott
John Hill Paylor
Assistants Attorneys General

John R. Jordan, Jr.
Walter F. Brinkley

15 May 1950

SUBJECT: Dental Hygiene; Application of Sodium Fluoride; Dentists.

Dr. Frank O. Alford, Secretary-Treasurer

North Carolina State Board of Dental Examiners

1109 Liberty Life Building

Charlotte 2, North Carolina

Dear Dr. Alford:

In your letter of the 28th of April, 1950, you ask the following question:

“Does the law governing the practice of dentistry in North Carolina permit a dental hygienist to use or apply sodium fluoride in the treatment or prevention of dental decay or dental disease”?

G. S. 90-221, 1949 Supplement to the General Statutes, reads, in part, as follows:

“‘Dental Hygiene’ as used in this article shall mean the treatment of human teeth by removing therefrom calcareous deposits and by removing accumulated accretion from directly beneath the free margin of the gums and polishing the exposed surface of the teeth * * *.”

G. S. 90-29 reads, in part, as follows:

“A person shall be deemed to practice dentistry in this State within the meaning of this article and this section of this article, who represents himself as being able to remove stains and accretions from teeth, diagnose, treat, operate or prescribe for any disease, pain, injury, *deficiency*, deformity or physical condition of the human teeth, alveolar process, gums or maxillary bones and associated tissues or parts and/or who offers or undertakes by any means or methods to remove stains or accretions from teeth, diagnose, treat, operate or prescribe for any dis-

ease, pain, injury, deficiency, deformity or physical condition of the same, or to take impressions of the teeth or jaws and/or who owns, maintains or operates an office for the practice of dentistry, and/or who engages in any of the practices included in the curricular of recognized and approved dental schools or colleges."

Sodium fluoride is a poisonous chemical element and is one of the most important elements which go to make up the structure of the teeth and bones.

In a recent pamphlet issued by the Connecticut State Department of Health, it is stated that it has been proven that fluoride helps to control tooth decay and that it should only be applied by a dentist.

In a recent pamphlet on this subject issued by the Minnesota Department of Health, it is stated that fluoride should never be used at home but should always be applied by a dentist after the teeth have been thoroughly cleaned. It is also stated in this pamphlet that although it is safe and harmless when used by trained persons, to secure greatest benefits, care must be taken in applying the solution.

In the New York State Dental Journal, Vol. 15, No. 2, February, 1949, on page 74, will be found the following:

"Directions recommending fluoride therapy ought to counsel against doing so before all cavities are filled. Fluoride application to open cavities may be contraindicated. Penetration into the dentinal tubules, especially of young teeth in children, may bring on changes varying from local derangement in regularity, thickness and vasculization of the edontoblastic layer to generalized damage with pulpal hyperemia and inflammation."

In view of the fact that this element is used to treat deficiencies in teeth rather than as a cleansing and polishing element, and in further view of the fact that it is an extremely poisonous substance, it is my opinion that it should be administered only by a licensed dentist.

Yours very truly,

HARRY McMULLAN,
Attorney General

T. W. BRUTON,
Assistant Attorney General

TWB:f

Co: Honorable I. M. Bailey
Attorney at Law
Raleigh, North Carolina

MINUTES OF THE EXECUTIVE COMMITTEE

Carolina Hotel, Pinehurst, May 20, 1950

Chairman Paul Fitzgerald called the meeting to order and asked Secretary, R. Fred Hunt, to proceed with the agenda. Dr. S. P. Gay made the motion that Miss Mary Kevill be employed as Reporter for next year. Dr. Homer Guion seconded and motion carried.

Dr. Hunt made the motion that Dr. L. Franklin Bumgardner be re-elected as Editor-Publisher for another year. Dr. C. A. Pless seconded. The motion carried and the Secretary was instructed to write him a letter expressing appreciation for the efficient manner in which he has fulfilled the duties of this office during the past year.

Dr. Hunt made a motion that the following committees meet in Greensboro July 23rd for the purpose of setting up the 1951 meeting and other pertinent matters arising: Executive, Program, Arrangements, Entertainment, Exhibits and Editor. The motion was seconded and carried. The Bonds of the Society were discussed and it was decided that they be deposited with the Chairman of the Executive Committee.

Dr. S. P. Gay made the motion that Dr. Marvin Evans be elected to Associate Editor of the Bulletin. Motion seconded by Dr. B. N. Walker and carried.

A long discussion then followed concerning the dates and time for the next meeting at the Carolina Hotel. Dr. Amos Bumgardner expressed the possibility that Mr. Fitzgibbon had been approached and talked favorable for an earlier meeting date in the month.

There being no further business the meeting adjourned—R. Fred Hunt, Secretary.

MEMBERS ATTENDING THE PINEHURST MEETING

MAY, 1950

FIRST DISTRICT

Abernethy, David
Abernethy, Shuford
Abernethy, A. M.
Baker, L. P.
Baker, Robert
Barker, O. C.
Book, Harold
Bottoms, A. W.
Breeland, W. H.
Brown, Fred
Clark, Walter
Clayton, Walter
Cline, A. P.

Conwell, E. W.
Current, A. C.
Davis, F. W.
Davis, W. H.
Dickson, B. A.
Dereks, C. C.
Dudley, D. W.
Edwards, A. C.
Edwards, E. L.
Ezzell, L. L.
Falls, Ralph
Fritz, Conrad
Fritz, John

Froneberger, H. D.
 Glenn, E. T.
 Goodwin, C. J.
 Graham, R. H.
 Hair, Joseph
 Hedrick, Paul
 Highsmith, C.
 Hord, D. F.
 Howes, R. R.
 Jones, E. D.
 Lackey, A. A.
 Maddux, N. P.
 Matheson, Wm. M.
 Moore, O. L.
 Moore, Raymond
 Moser, J. E.
 Moser, S. E.
 McCall, C. W.
 McCall, Robert
 McDaniel, W. J.
 McFall, Walter
 Paisley, R. L.
 Parker, C. A.
 Parker, W. H.
 Peeler, C. M.
 Plaster, H. E.
 Plaster, Hubert

Pless, C. A.
 Poovey, A. L.
 Pope, E. F.
 Raymer, Jack
 Reece, J. F.
 Rhyne, Howard
 Rich, Frank
 Rollins, L. C.
 Russell, L. T.
 Sain, H. T.
 Self, Fred
 Self, I. R.
 Self, Ruffin
 Steelman, S. H.
 Steinman, Ralph
 Stowe, Grover
 Taylor, P. R.
 Truluck, M. H.
 Tuttle, David
 Wells, C. T.
 Wells, C. T., Jr.
 Woody, J. L.
 Woody, M. E., Jr.
 Yates, P. P.
 Yelton, J. L.
 Yelton, W. D.

SECOND DISTRICT

Alexander, George
 Alford, Frank
 Arthur, L. S.
 Ashoy, John
 Austin, Edward
 Barkley, Carl
 Beavers, David
 Beavers, F. C.
 Bell, Tom
 Belvin, D. L.
 Biddix, Clarence
 Bingham, J. P.
 Bingham, J. P., Jr.
 Black, A. R.
 Black, V. A.
 Blair, T. L.
 Blackburn, C. A.
 Brawley, B. A.
 Bumgardner, A. S.
 Bumgardner, L. F.
 Byerly, T. T.

Casey, R. P.
 Cash, A. H.
 Conduff, Duke
 Cox, Vernon
 Crews, R. W.
 Current, W. C.
 Davis, Joe V., Jr.
 DeHart, V. L.
 Duncan, S. C.
 Eckerd, E. A.
 Ellington, R. H.
 Ezzell, J. W.
 Fox, B. W.
 Fox, N. D.
 Freeland, J. B.
 Galarde, A. J.
 George, R. A.
 Grady, L. V.
 Graham, James, Jr.
 Guion, J. H.
 Hamer, J. N.

Harrell, James	Patterson, R. M.
Harrell, R. B.	Peller, L. B.
Harrelson, Henry	Pegg, F. N.
Hartness, J. F.	Petree, R. E.
Heinz, J. W.	Pharr, J. R.
Helsabeck, Robert	Pratt, F. C.
Hodgin, O. R.	Pruett, L. D.
Hoffman, Milo	Reece, J. P.
Holliday, R. H.	Reeves, H. P., Jr.
Holland, J. M.	Reid, C. S.
Holshouser, L. C.	Rehm, J. G.
Hulin, J. F.	Ridenhour, C. E.
Hull, P. C.	Ross, Grady
Hull, P. C., Jr.	Ross, Haywood
Howell, A. E.	Secrest, W. A.
Ingram, Wm. A.	Shoaf, R. R.
Irwin, John	Sherrrod, Wm. B.
Jackson, D. A.	Smith, Amos
Jarrett, Clyde, Jr.	Sowers, Wade
Jarrett, Ralph	Spoon, R. E.
Joyner, O. L.	Stadt, Zac
Jones, B. E.	Stone, F. H.
Keel, Harry	Stone, I. F.
Keiger, C. C.	Strawn, S. H.
Kendrick, Vaiden	Stroupe, P. A.
Kirk, F. W.	Taylor, R. G.
Kirby, O. B.	Taylor, W. C.
Kiser, J. D.	Thomas, C. L.
Kistler, A. R.	Thompson, H. W.
Lazenby, G. A.	Thomason, L. R.
Lazenby, Glenn, Jr.	Trivette, L. P.
Lentz, B. P.	Tuttle, R. D.
I evine, H. H.	Walker, F. H.
Little, J. E.	Wall, L. E.
Long, Robert	Waller, D. L.
Martin, E. L.	Watkins, J. C.
Masten, G. M.	Waynick, W. E.
Masten, R. E.	Weant, Ted
Melvin, R. P.	Webster, B. H.
Mizell, D. B.	Weeks, W. P.
Moorefield, Paul	Watson, R. G.
Moore, Ernest	Wheeler, C. D.
Morris, Donald	White, L. L.
Motley, Elliot	Williams, J. R.
Munsell, Paul	Williams, J. S.
McClung, J. A.	Yelton, W. F.
Nicholson, J. H.	Yokeley, S. W.
Nisbet, T. G.	Young, D. C., Jr.
Owen, O. N.	Zimmerman, J. W., Jr.
Parker, H. C.	Zimmerman, H. S.
Parks, C. M.	

THIRD DISTRICT

Adams, D. A.	Hughes, J. H.
Adams, P. Y.	Hughes, J. T.
Adams, R. G.	Hansucker, H. M.
Alexander, W. E.	Johnson, N. C.
Andreve, K. I.	Karesh, H. A.
Atwood, T. W.	Kirkland, G. F.
Bell, J. T.	Kistler, C. D.
Betts, J. S.	Lasley, J. T.
Blair, M. P.	Lauten, J. J.
Bowling, H. Y.	Lockhart, H. K.
Bowling, W. W.	Long, H. S.
Bradsher, J. D.	Long, R. E.
Bridger, R. L.	McCall, S. H.
Burns, W. T.	McDuffie, A. A.
Butler, Luther	McIntosh, J. A.
Caddell, F. S.	McKauphan, W. R.
Caldwell, C. S.	Marshburn, J. A.
Carr, D. T.	Medlin, E. M.
Carr, H. C.	Menius, J. W.
Caudle, J. N.	Miller, C. I.
Chamberlain, V. F.	Moore, H. W.
Cherry, M. L.	Murray, H. N.
Coble, L. G.	Mustian, W. F.
Crank, J. C.	Neal, W. E.
Craver, A. W.	Newman, J. B.
Daniels, L. M.	Newton, M. E.
Dawkins, C. D.	Overcash, R. F.
Edward, L. M.	Page, L. G.
Edwards, W. J.	Patterson, H. M.
Elerbee, J. H.	Payne, W. O.
Ervin, Dick	Pearce, W. M.
Evans, M. R.	Poindexter, C. C.
Farrell, W. I.	Pratt, C. B.
Gale, J. C.	Presnell, O. L.
Gay, S. P.	Pressley, W. A.
Getsinger, D. M.	Pringle, Ross
Gilliam, F. E.	Roberts, Ernest
Graham, C. A.	Ross, N. F.
Graham, C. A., Jr.	Ross, T. J.
Griffin, W. K.	Shaffer, S. W.
Harris, G. V.	Sheffield, Neal
Hart, S. P.	Sikes, T. E.
Henson, J. L.	Sigmon, J. W.
Hester, O. H.	Smith, R. L.
Hinson, J. Y.	Solomon, M. H.
Hinson, W. P.	Stanford, A. R.
Hinton, W. R.	Stephens, J. A.
Holden, R. H.	Stone, Clarence
Horton, Charles	Stonehurst, F. M.

Stubbs, J. M.
Suggs, C. H.
Suggs, J. R.
Swain, John
Teague, C. H.
Teague, E. R.
Thomas, J. T.
Turner, R. S.
Underwood, F. H.
Underwood, J. T.
Underwood, R. L.
Walker, M. E.
Warlick, R. B.

Wilkins, R. A.
Williamson, B. W.
Williamson, J. F.
Willis, G. R.
Wheeles, C. M.
Wheless, J. R.
Whittenmore, R. Y., Jr.
Whittington, P. B., Jr.
Woody, Spencer
Zemmerman, L. H.
Zemmerman, L. R.
Zimmerman, T. R.

FOURTH DISTRICT

Abernethy, C. E.
Allen, H. L.
Baker, E. D.
Barber, A. D.
Bell, V. E.
Biddell, F. H.
Bobbitt, S. L.
Bowden, H. B.
Branch, Ernest
Branch, W. H.
Branham, J. W.
Broughton, E. H.
Bryan, C. H.
Byrd, Robert
Byrd, W. M.
Chambler, H. R.
Collins, Tom
Collins, T. G.
Coltrane, J. F.
Cotter, P. E.
Denning, J. N.
Eagles, R. L.
Edward, J. H.
Edwards, J. R.
Edwards, J. R., Jr.
Finch, R. E.
Fitzgerald, Paul, Jr.
Fleecery, J. M.
Freeman, T. M.
Grander, J. M.
Gibson, J. L.
Hair, L. G.
Hale, G. F.
Hale, J. P.
Hamilton, R. P.
Harrell, P. T.

Harwood, Brooks
Herring, L. D.
Gilbert, R. H.
Hunter, T. M.
Hooper, G. L.
Horton, R. L.
Horton, S. R.
Hoyle, I. H.
Hunt, J. T.
Jackson, Wilbert
Jernigan, J. A.
Johnson, J. C.
Jones, M. T., Jr.
Jones, R. S.
Jordon, J. F.
King, D. D.
Lawrence, E. N.
Lee, W. G.
Ligon, J. H., Jr.
Lindsay, Kenneth
Lineberger, H. O.
Moore, L. J.
Moore, L. J., Jr.
Marshall, Penn.
Martin, N. T.
Many, L. M.
Maray, S. H., Jr.
Massey, W. J., Jr.
McCrackin, J. W.
McKaughan, Gates
McKay, S. R.
McRae, W. L.
Nance, A. W.
Nimorks, W. G.
Olive, C. S.
Olive, R. M.

Olive, R. M., Jr.
 Oliver, W. H.
 Osborne, C. P.
 Paschal, L. H.
 Pearson, E. A.
 Pearson, P. L.
 Pleasants, Marvin
 Phillips, A. A.
 Pridgen, D. L.
 Pringle, J. M.
 Purvis, P. C.
 Rankin, W. W.
 Renfrow, R. R.
 Roberts, C. E.
 Sanders, C. W.
 Seifert, D. W.

Smith, A. L.
 Smith, Everett
 Smith, M. R.
 Smith, Newton
 Stevens, C. W.
 Swaim, John
 Swindell, J. E.
 Tew, J. J.
 Towler, S. B.
 Townsend, G. L.
 Turlington, R. A.
 Underwood, N. H.
 Waddell, M. A.
 Whitehead, J. W.
 Woodall, D. C.
 Wooten, C. L.

FIFTH DISTRICT

Barker, C. T.
 Barnes, V. M.
 Baugham, H. A.
 Bell, F. D.
 Beasley, B. F.
 Bellios, W. B.
 Benson, E. S.
 Bone, A. C.
 Boseman, Dewey
 Bland, A. B.
 Broughton, J. O.
 Carson, Roy, Jr.
 Civils, H. F.
 Coleman, F. H.
 Cook, A. J.
 Cooke, C. S.
 Daniel, R. A.
 Daniel, R. A., Jr.
 Dupree, L. J., Jr.
 Early, A. C.
 Eatman, C. D.
 Eatman, E. L.
 Eevant, E. G.
 Eure, D. J.
 Fales, A. R.
 Fitzgerald, Paul, Jr.
 Fleming, L. F.
 Furr, J. E.
 Garris, M. A.
 Godwin, C. P.
 Gooding, H. W.
 Gray, W. H.

Gray, W. H., Jr.
 Harris, A. L.
 Harris, Frank
 Hart, W. I.
 Hedman, L. C.
 Hooks, Oscar
 Hunt, R. F.
 Jennette, A. T.
 Johnson, M. A.
 Johnson, B. M.
 Johnson, Chas. B.
 Johnson, Harrell
 Johnson, P. E.
 Kilpatrick, J. M.
 Kornegay, J. M.
 Lausche, F. E.
 Lee, Jim
 Mullard, A. R.
 Meridith, L. J.
 Minges, Clyde
 Minges, Coyte R.
 Mann, Robert
 Moore, R. U.
 Morrison, B. R.
 Murphy, W. E.
 McKee, James
 Parker, Robert B.
 Poole, J. G.
 Pigford, G. E.
 Reynolds, R. O.
 Rudder, W. L.
 Smith, J. C.

Smith, Albert	Williams, R. E.
Thompson, H. K.	Wells, D. L., Jr.
Tomlisson, R. L.	Weeks, H. E.
Turner, J. V.	Weatheesbee, Ransey, Jr.
Turner, L. D.	Warren, E. R.
Umphlett, W. W., Jr.	Zoung, D. W.
Wooten, A. L.	Zorytoun, Henry
Wright, Dan	Zibelin, C. V.
Wilson, O. L.	

DENTAL HYGIENIST

Brewer, Winfred	Leskesky, Mrs. Nancy
Fulmer, Mrs. N. C.	Lilley, Mrs. Cecil
Horton, Miss Nancy	Tuttle, Miss Louise
Koontz, Maxine	

OFFICERS 1950-51

Amos S. Bumgardner, President	Charlotte
R. Fred Hunt, President-Elect	Rocky Mount
Cecil A. Pless, Vice-President	Asheville
Bernard N. Walker, Secretary-Treasurer	Charlotte

NORTH CAROLINA DENTAL SOCIETY STANDING COMMITTEES

1950-1951

EXECUTIVE COMMITTEE

Paul Fitzgerald, *Chairman* (1951)

S. P. Gay (1952)	J. H. Guion (1953)
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ETHICS COMMITTEE

J. A. McClung, *Chairman* (1955)

W. T. Martin (1951)	Clyde Minges (1953)
Burke Fox (1952)	A. W. Bottoms (1954)

LEGISLATIVE COMMITTEE

H. O. Lineberger, *Chairman* (1955)

Paul E. Jones (1951)	Z. L. Edwards (1952)
E. G. Click (1953)	P. B. Whittington (1954)

PROGRAM COMMITTEE

Darden Eure, *Chairman*

Clyde E. Minges, *Honorary Chairman*

Clyde E. Minges (Hon. Chairman)

C. W. Sanders	John R. Pharr
F. O. Alford	Burke Fox

CLINIC COMMITTEE

J. Donald Kiser, *Chairman*William M. Matheson
K. L. JohnsonDarden J. Eure
H. C. Carr

MEMBERSHIP COMMITTEE

R. Fred Hunt, *Chairman*E. N. Biggerstaff
Riley E. Spoon, Jr.
Frank G. HarrisL. G. Coble
Paul Fitzgerald, Jr.

EXHIBIT COMMITTEE

E. D. Baker, *Chairman*P. R. Taylor
C. W. McCall
F. M. StonestreetJ. Walter Branham
Fleming Stone
P. C. Hull

A. W. Nance

NECROLOGY COMMITTEE

G. A. Lazenby, *Chairman* (1952)J. S. Betts (1951)
T. W. McCracken (1954)Victor E. Bell (1953)
Alice P. McGuire (1955)

LIBRARY AND HISTORY COMMITTEE

J. Martin Fleming, *Chairman* (1952)B. McCoy Johnson (1951)
Jessie Z. Moreland (1955)R. L. Underwood (1953)
John L. Ashby (1954)

INSURANCE COMMITTEE

P. P. Yates, *Chairman* (1955)H. Royster Chamblee (1951)
Claude A. Adams (1953)Paul Fitzgerald (1952)
Herman H. Houck (1954)

PUBLICITY COMMITTEE

Neal Sheffield, *Chairman* (1954)Burke Fox (1951)
Darden J. Eure (1953)K. L. Johnson (1952)
Walter Clark (1955)

THE N. C. STATE BOARD OF DENTAL EXAMINERS

Frank O. Alford, *Chairman* (1952)Wilbert Jackson (1952)
Walter Clark (1951)A. T. Jennette (1953)
D. L. Pridgen (1951)

Erbie M. Medlin (1953)

CONSTITUTION AND BY-LAWS COMMITTEE

D. L. Pridgen, *Chairman* (1952)

Frank O. Alford (1955)

W. H. Breeland (1953)

Paul E. Jones (1951)

Dan T. Carr (1954)

PROSTHETIC DENTAL SERVICE COMMITTEE

C. C. Poindexter, *Chairman* (1952)

Frank O. Alford (1951)

Walter McRae (1953)

J. T. Lasley (1954)

Coyte R. Minges (1955)

STATE COUNCIL ON DENTAL HEALTH COMMITTEE

E. A. Branch, *Chairman* (1952)

Edward L. Eatman (1951)

J. Donald Kiser (1953)

C. S. Caldwell (1954)

E. W. Connell (1955)

STATE INSTITUTIONS COMMITTEE

Everett L. Smith, *Chairman* (1951)

G. Lee Overman (1952)

Ralph Falls (1953)

Z. Vance Kendrick (1954)

O. L. Presnell (1955)

RELIEF COMMITTEE

Wilbert Jackson, *Chairman* (1955)

Walter Clark (1951)

E. M. Medlin (1953)

Paul Fitzgerald (1952)

J. Conrad Watkins (1954)

SPECIAL COMMITTEES

ADVISORY COMMITTEE NORTH CAROLINA MEDICAL CARE

COMMISSION AND GOOD HEALTH ASSOCIATION

Fred Hale, *Chairman*

Wilbert Jackson

Paul E. Jones

Martin Fleming

S. L. Bobbitt

RESOLUTION COMMITTEE

Frank W. Kirk, *Chairman*

Howard Rhyne

A. L. Wooten

S. L. Bobbitt

Hugh M. Hunsucker

DENTAL COLLEGE ADVISORY COMMITTEE TO THE UNIVERSITY OF N. C.

First District

Ralph D. Coffey (1953)

Walter Clark (1951)

A. C. Current (1952)

Second District

Claude M. Parks (1953)

Frank O. Alford (1951)

John Pharr (1952)

Third District

C. C. Poindexter (1953)
 Marvin R. Evans (1951)
 L. G. Coble (1952)

Wilbert Jackson (1951)
 H. O. Lineberger (1952)

Fifth District

Clyde E. Minges (1951)
 Z. L. Edwards (1953)
 Paul E. Jones (1952)

Fourth District

C. W. Sanders (1953)

CLINIC BOARD OF CENSORS

Wm. M. Matheson, *Chairman, First District*

Harry L. Keel, *Second District*

D. T. Carr, *Third District*

Paul Fitzgerald, Jr., *Fifth District*

Charles D. Eatman, *Fifth District*

PUBLICATION COMMITTEE

L. Franklin Bumgardner, *Chairman*

Marvin R. Evans, *Associate Chairman*

Frank W. Davis

R. M. Olive, Jr.

Wm. F. Yelton

Chas. B. Johnson

ENTERTAINMENT OF OUT-OF-STATE VISITORS COMMITTEE

Grady Ross, *Chairman*

Horace P. Reeves, Jr.

Vaiden Kendrick

Jack Sinclair

T. E. Sikes

Paul E. Jones

Elliott R. Motley

S. L. Bobbitt

H. O. Lineberger

Wilbert Jackson

Ralph Schmucker

Fred Hale

Clyde E. Minges

T. G. Nisbet

Harry Keel

E. M. Medlin

S. E. Moser

SUPERINTENDENT OF CLINICS COMMITTEE

W. H. Breeland, Jr., *Chairman*

Clyde H. Jarrett, Jr.

Wm. A. Presley

J. M. Kilpatrick

R. R. Renfrow

A. A. Lackey

LIAISON COMMITTEE TO THE OLD NORTH STATE DENTAL SOCIETY

Neal Sheffield, *Chairman*

C. M. Peeler

A. R. Kistler

C. D. Bain

John L. Ashby

Dan Wright

HOSPITAL DENTAL SERVICE COMMITTEE

K. L. Johnson, *Chairman*

Thomas L. Blair	T. E. Sikes
Clarence Olive	Ralph Falls
Carey Wells	S. E. Moser
R. L. Underwood	

ADVISORY COMMITTEE FOR VETERANS ADMINISTRATION PROGRAM

Elliott E. Motley, *Chairman*

Hugh Hunsucker	Coyte Minges
E. D. Baker	Ralph Falls
C. D. Eatman	W. A. Presley
T. G. Nisbet	Riley Spoon, Jr.
J. E. Moser	

MEDICAL-DENTAL RELATIONSHIP COMMITTEE

C. L. Hooper, *Chairman*

S. H. Steelman	Ed Austin
R. L. Whitehurst	H. K. Thompson
C. D. Kistler	

ADVISORY COMMITTEE TO THE N. C. DENTAL HYGIENISTS ASSOCIATION

R. M. Olive, *Chairman*

O. C. Barker	Henry C. Harrelson
R. M. Olive, Jr.	Dan Wright
R. D. Tuttle	H. M. Hunsucker
D. A. Jackson	

DENTAL CARIES COMMITTEE

Ralph Jarrett, *Chairman*

John Yelton	David Tuttle
Allen Cash	W. L. McRae
Darden Eure	Z. L. Edwards
O. L. Presnell	Wilbert Jackson
Z. M. Stadt	

ARRANGEMENT COMMITTEE

Donald Morris, *Chairman*

H. E. Butler	Walter McRae
W. D. Yelton	C. A. Graham
Lester E. Wall	

ENTERTAINMENT COMMITTEE

John R. Pharr, *Chairman*

Henry D. Froneberger	C. A. Graham
R. R. Howes	Coyte Minges
J. Donald Kiser	J. T. Lasley
L. P. Peeler	Olin W. Owen
J. H. Guion	W. H. Branch
Dan Wright	

GOLF COMMITTEE

D. T. Carr, *Chairman*

John R. Fitz
E. M. Medlin
Ben Webster
M. B. Massey

Victor E. Bell
Gary Heeseman
J. W. Branham
Hugh Hunsucker

HOUSING COMMITTEE

Howard W. Branch, *Chairman*

Ralph Schmucker
G. L. Hooper

Moultrie H. Truluck
R. E. Finch

E. M. Medlin

PUBLIC RELATION COMMITTEE

A. C. Current, *Chairman*C. A. Pless, *Chairman First District*John R. Pharr, *Chairman, Second District*T. E. Sikes, *Chairman, Third District*H. R. Chamblee, *Chairman, Fourth District*Clyde Minges, *Honorary Chairman, Fifth District*

EXTENSION COURSE COMMITTEE

P. C. Hull, Jr., *Chairman*

Vance Kendrick
John Irwin
Walter H. Finch, Jr.
A. L. Poovey
Forest C. Port

G. E. Kirkman
A. L. Wooten
T. W. Atwood
A. T. Jennette
W. J. Massey, Jr.

ADVISORY COMMITTEE TO THE AMERICAN ACADEMY OF PEDIATRICS

LeRoy Thompson, *Chairman*

G. Lee Overman
C. C. Diercks
Carey Wells, Jr.

V. A. Black
R. M. Olive, Jr.
J. L. Raymer

Allen Cash

COMMITTEE ON GENERAL ANESTHESIA

Carey Wells, Sr., *Chairman*

Vaiden Kendrick
Everett Moser
T. E. Sikes
H. K. Thompson

Thomas Blair
Grady L. Ross
J. A. Sinclair
E. N. Lawrence

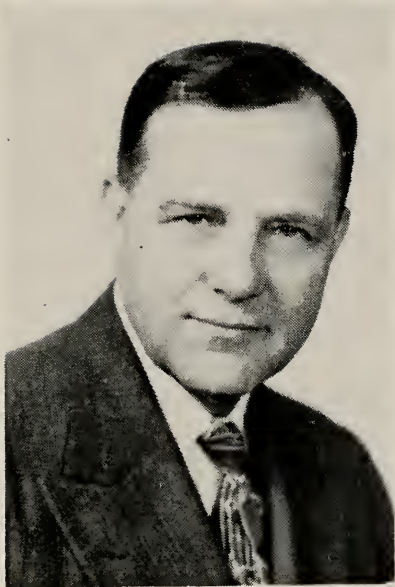
K. L. Johnson

MILITARY AFFAIRS COMMITTEE

E. D. Baker, *Chairman*H. O. Lineberger, *Advisory Chairman*

Ralph Coffey
Charlie Eastman

Claude Parks
P. B. Whittington



Dr. Amos S. Bumgardner

President of the North Carolina Dental Society

1950-1951





